

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

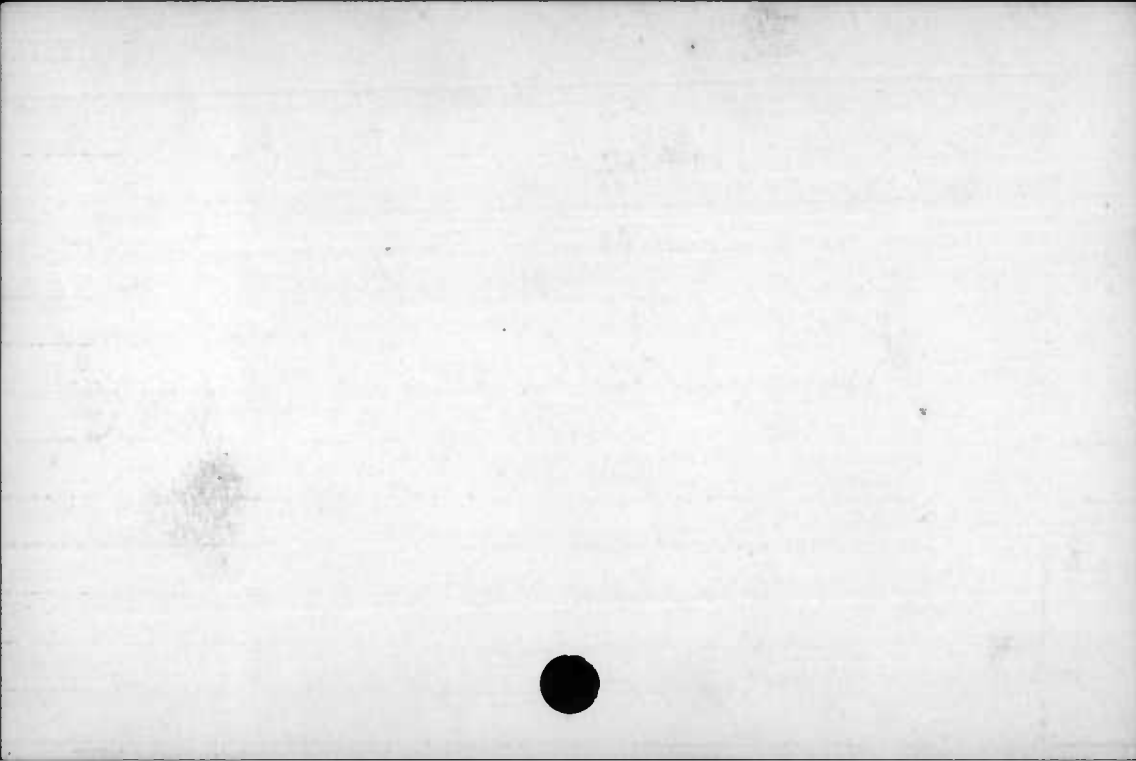
Died at <i>Salisbury</i> Town		<i>Wicomico</i> County		MARYLAND	
Date of death	1908	Month	July	Day	4 th
Age	57	Years	6	Months	2
Sex	male	Color or Race	White	Birth-place	Salisbury
Occupation	Merchant		Where Residing if not at place of death		
Married, Single or Widowed	married		Name of Wife or Husband <i>Alice C. Adkins</i>		
Father's Name	<i>John Adkins</i>		Father's Birthplace <i>Salisbury</i>		
Mother's Maiden Name	<i>Mariah Nichols</i>		Mother's Birthplace <i>md</i>		
Name of person giving information	<i>Mrs Alice C. Adkins</i>		How related to deceased <i>Wife</i>		

CAUSES OF DEATH

63

PHYSICIAN
OR CORONER

Primary	<i>Paralysis Agitans</i>	How long	<i>several years</i>
Immediate	<i>Toxemia & heart failure</i>	How long	<i>one week</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes,</i>	Signature of Physician	<i>F. M. Stearns, M.D.</i>
		Address	<i>Salisbury Md</i>
Accident or Suicide?			



Name
in
Full

Charles W. Baker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

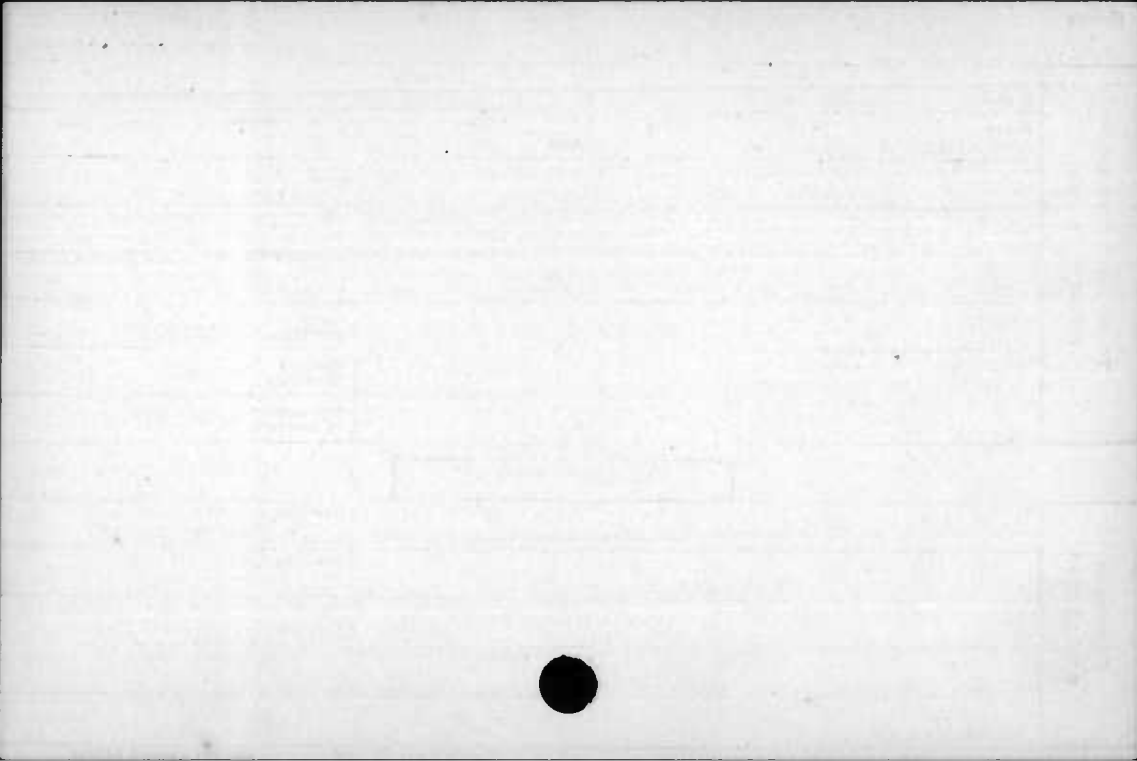
Died at <i>The P. G. Hospital Salisbury</i>		Town <i>Salisbury</i>		County <i>Wicomico</i>		MARYLAND	
Date of death	<i>1908</i>	Month <i>July</i>	Day <i>9th</i>	Age <i>53</i>	Years	Months <i>6</i>	Days <i>5</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birthplace <i>Maryland</i>				
Occupation <i>Laborer</i>	Where Residing if not at place of death <i>In Salisbury</i>						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Melissa E. Baker</i>						
Father's Name <i>Robert Baker</i>	Father's Birthplace <i>Maryland</i>						
Mother's Maiden Name <i>Sally Tyre</i>	Mother's Birthplace <i>"</i>						
Name of person giving information <i>Melissa E. Baker</i>	How related to deceased <i>Wife</i>						

CAUSES OF DEATH

1

PHYSICIAN
OR CORONER

Primary <i>Typhoid fever</i>	How long <i>4 weeks</i>
Immediate <i>Hiccough</i>	How long <i>7 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>D. B. Potter</i>
	Address <i>Salisbury Md.</i>
Accident or Suicide?	



Name
in
Full

Myrtle W. Baker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

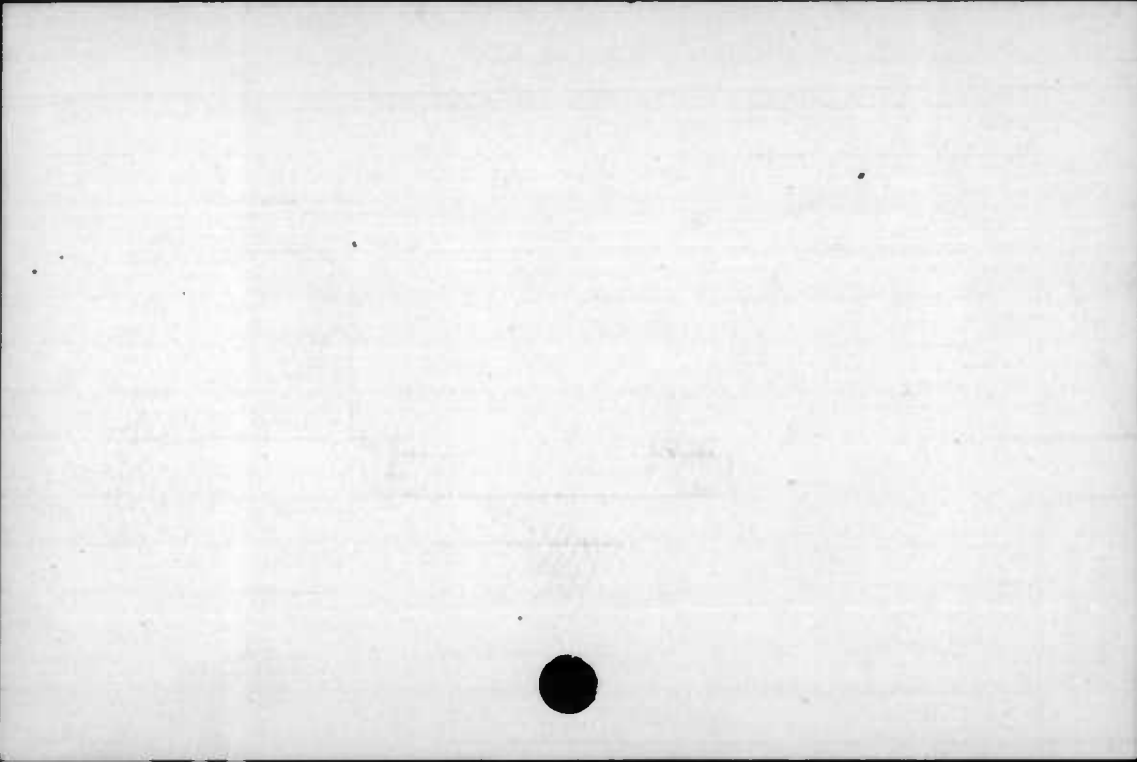
Died at <i>Salisbury</i> <small>Town</small>		<i>Wicomico</i> <small>County</small>		MARYLAND	
Date of death <i>1908</i>	Month <i>July</i>	Day <i>25</i>	Age <i>42</i>	Years	Months
Sex <i>Female</i>	Color or Race <i>White</i>		Birthplace <i>Ashtabula Ohio</i>		
Occupation <i>Housewife</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Andrew A. Baker</i>				
Father's Name <i>Solomon Williams</i>	Father's Birthplace <i>Ashtabula Ohio</i>		Mother's Birthplace <i>" "</i>		
Mother's Maiden Name <i>Lotta</i>	Name of person giving information <i>Andrew A. Baker</i>		How related to deceased <i>Husband</i>		

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary <i>Cerebral hemorrhage</i>	How long <i>2 hours</i>
Immediate <i>Concussion</i>	How long <i>1 hour</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Lowell McCaskey M.D.</i>
	Address <i>Delaware Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *Anna Bradley*

Died at *Sharpstown* ^{Town} *Monico* ^{County}

Date of death *1908* ^{Month} *July* ^{Day} *8* ^{Years} *37* ^{Months} *—* ^{Days} *—*

Sex *Female* Color or Race *White* Birth-place *Dorchester Co*

Occupation *Housewife* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *Henry Bradley*

Father's Name *Joseph Harper* Father's Birthplace *Dor- Co*

Mother's Maiden Name *Isabella Ford* Mother's Birthplace *" "*

Name of person giving information *Joseph W. Spence* How related to deceased *Half Brother*

CAUSES OF DEATH

How long

How long

PHYSICIAN
OR CORONER

Primary

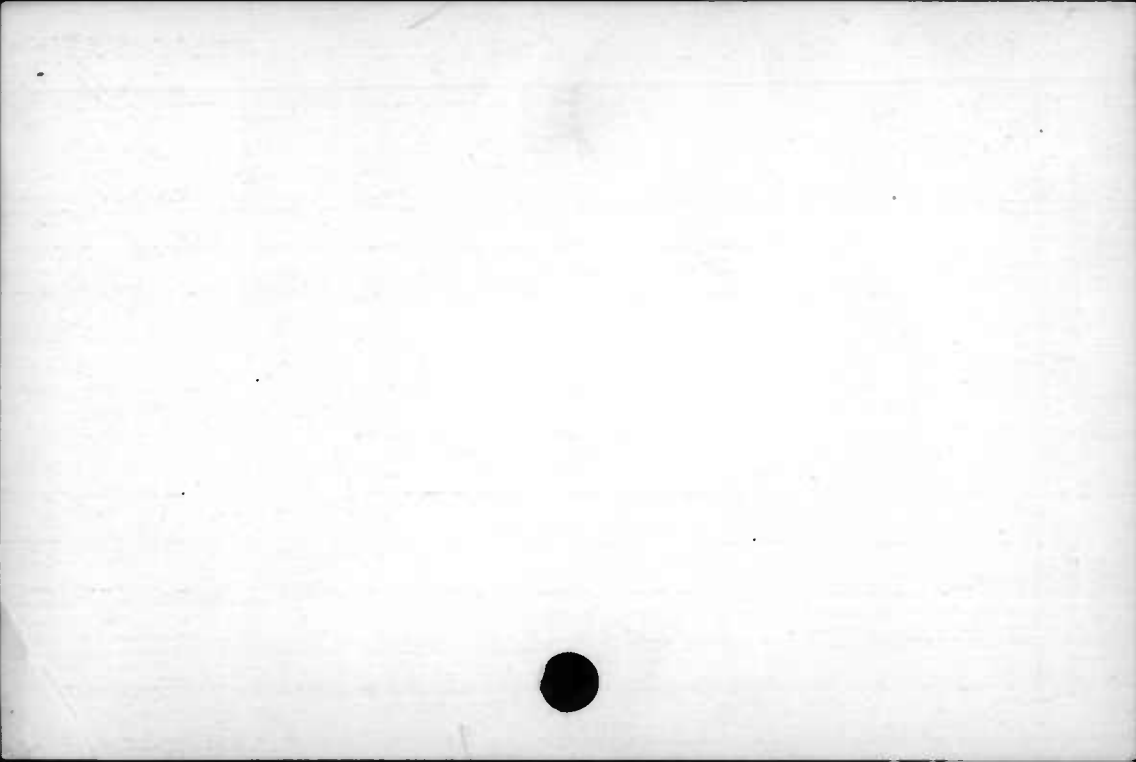
Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Paul E. Bradley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

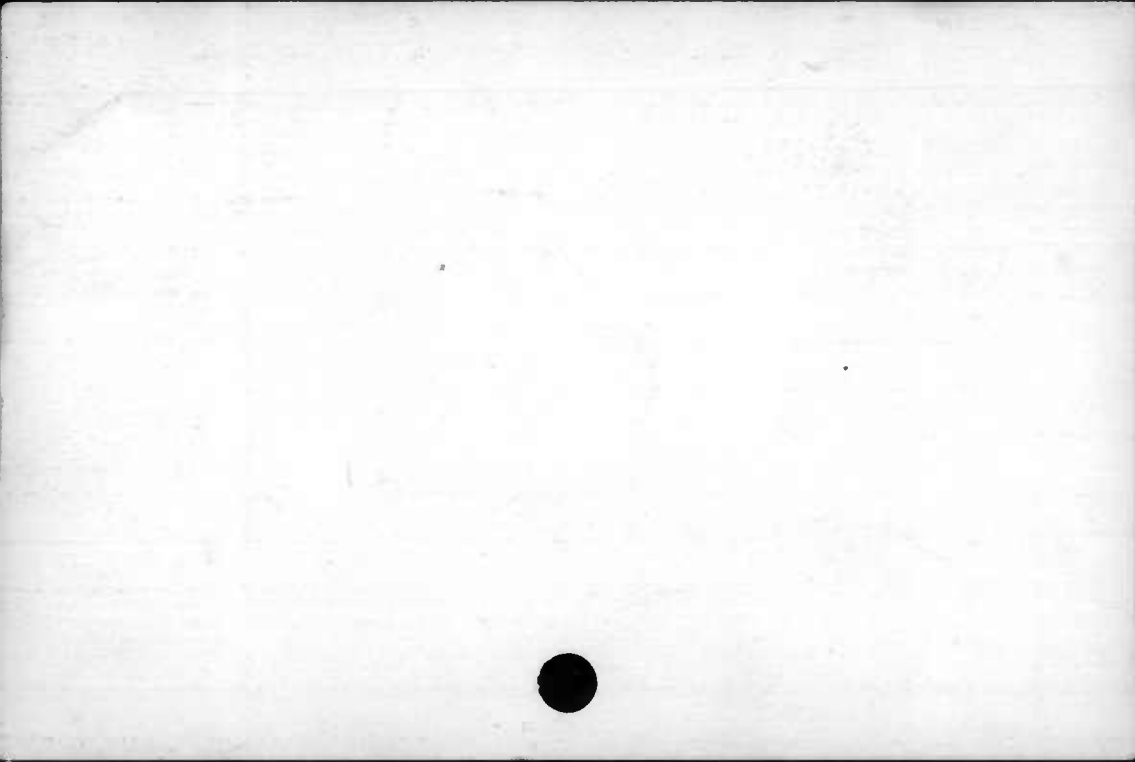
Died at <i>Athol</i> <small>Town</small>		<i>Wisconsin</i> <small>County</small>		MARYLAND	
Date of death	<i>1908</i> <small>Year</small>	<i>July</i> <small>Month</small>	<i>24</i> <small>Day</small>	<i>11</i> <small>Months</small>	<i></i> <small>Days</small>
Sex	<i>male</i>	Color or Race	<i>White</i>	Birth-place	<i>Athol</i>
Occupation	<i>—</i>				
Married, Single or Widowed			Name of Wife or Husband		
<i>—</i>			<i>—</i>		
Father's Name	<i>Monroe Bradley</i>			Father's Birthplace	<i>Athol</i>
Mother's Maiden Name	<i>Effie Belle Phillips</i>			Mother's Birthplace	<i>"</i>
Name of person giving information	<i>George E. Reddish</i>			How related to deceased	<i>Uncle.</i>

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<i>Also Colitis</i>	How long	<i>3 weeks</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>J. M. Elderdice</i>
		Address	<i>Mendota Springs</i>
Accident or Suicide?	<i>No</i>		



Name
in
Full

CERTIFICATE OF DEATH

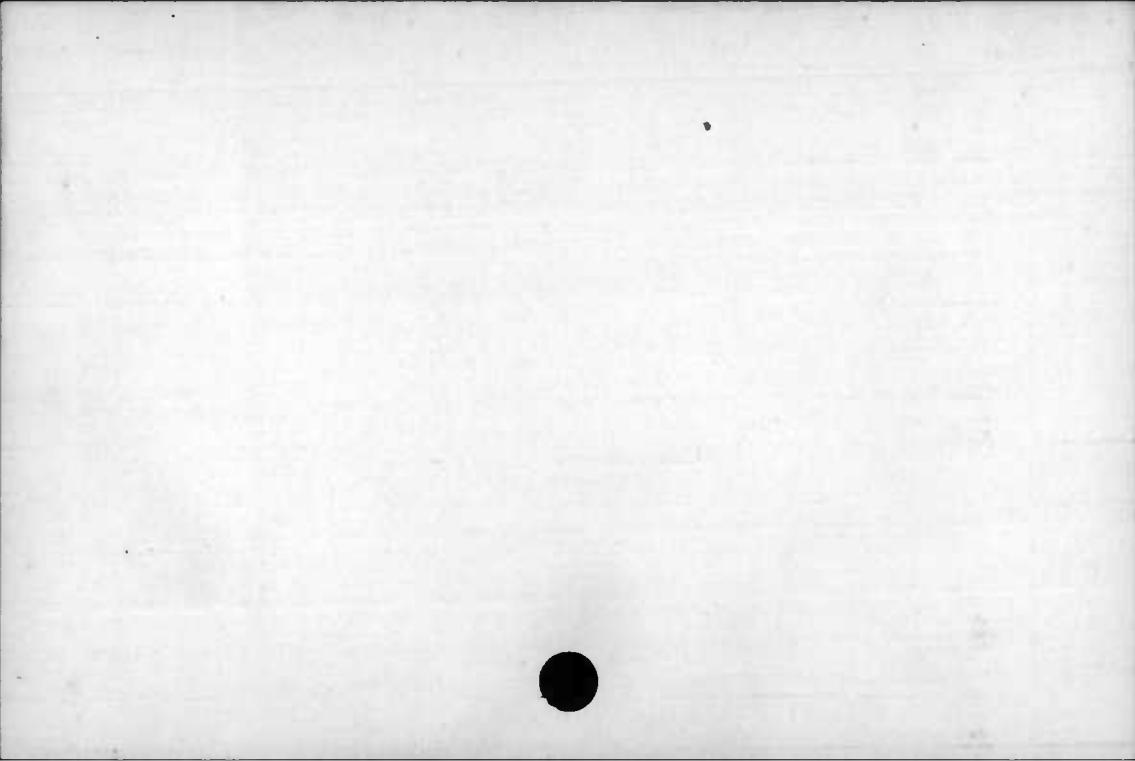
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Rachman T. Brewington</i>		Town <i>Salisbury</i>		County <i>Wicomico</i>		MARYLAND	
Died at		Date of death <i>1908</i>		Month <i>July</i>		Day <i>6</i>	
Age <i>3</i>		Years <i>3</i>		Months <i>22</i>		Days <i>22</i>	
Sex <i>male</i>		Color or Race <i>Black</i>		Birth-place <i>MD</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>Fred O. Brewington</i>				Father's Birthplace <i>MD</i>			
Mother's Maiden Name <i>Julia Henry</i>				Mother's Birthplace <i>MD</i>			
Name of person giving information <i>Fred O. Brewington</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid fever</i>		How long <i>2 weeks</i>
Immediate <i>Exhaustion</i>		How long <i>6 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W. B. Rother</i>
		Address <i>Salisbury Md.</i>
Accident or Suicide? <i>0</i>		



CERTIFICATE OF DEATH

Died at <i>Siloam</i>		Town <i>Wicomico</i>		County <i>MARYLAND</i>	
Date of death <i>1908</i>	Month <i>July</i>	Day <i>31st</i>	Age <i>77</i>	Years <i>10</i>	Months <i>10</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birthplace <i>Wicomico Co. Md.</i>		
Occupation <i>Housewife</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Jesse Brumbley</i>			
Father's Name <i>Thomas Hawes</i>		Father's Birthplace <i>Not known</i>			
Mother's Maiden Name <i>Polly Graham</i>		Mother's Birthplace <i>" "</i>			
Name of person giving information <i>E. W. Townsend</i>		How related to deceased <i>Nephew</i>			

CAUSES OF DEATH

179

Primary	General debility	How long	3 wks
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. J. Tracy M.D.
		Address	Albany
Accident or Suicide?	No		Ma

RECEIVED
DATE
BY

PAGE 1
OF 1

DATE
TIME

RECEIVED
DATE
BY



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Alexine F. Bottin

Died at *White Haven* Town *Wicomico* County

MARYLAND

Date of death *1908* July *10th* Age *46* Months _____ Days _____

Sex *Female* Color or Race *white* Birth-place *Maryland*

Occupation *Housekeeper* Where Residing if not at place of death _____

Married, Single or Widowed *Married* Name of Wife or Husband *Oliver F. Bottin*

Father's Name *Oliver P. Insley* Father's Birthplace *"*

Mother's Maiden Name *Emily Robinson* Mother's Birthplace *"*

Name of person giving information *Oliver F. Bottin* How related to deceased *Husband*

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

Primary *Gastric Carcinoma* How long _____

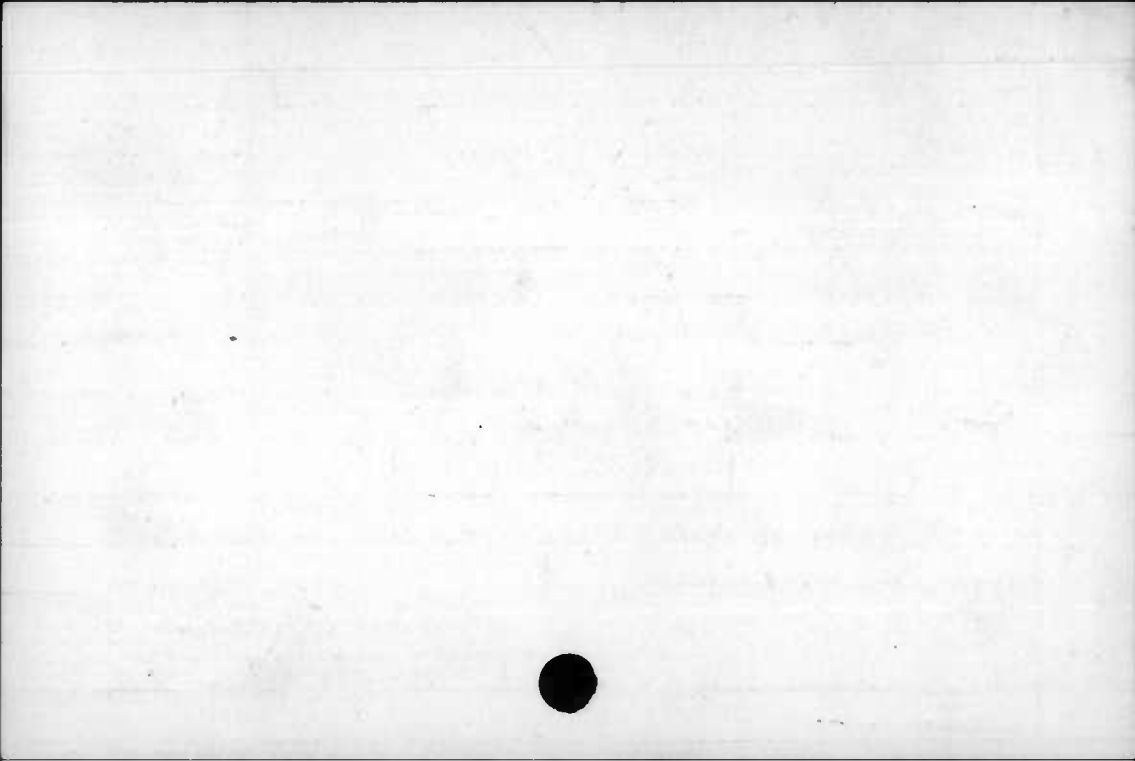
Immediate *Exhaustion* How long _____

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Edward E. Lanham*

Address *Nanticoke Md*

Accident or Suicide? *No*



Name
in
Full

Clara E. Elligord Cordrey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

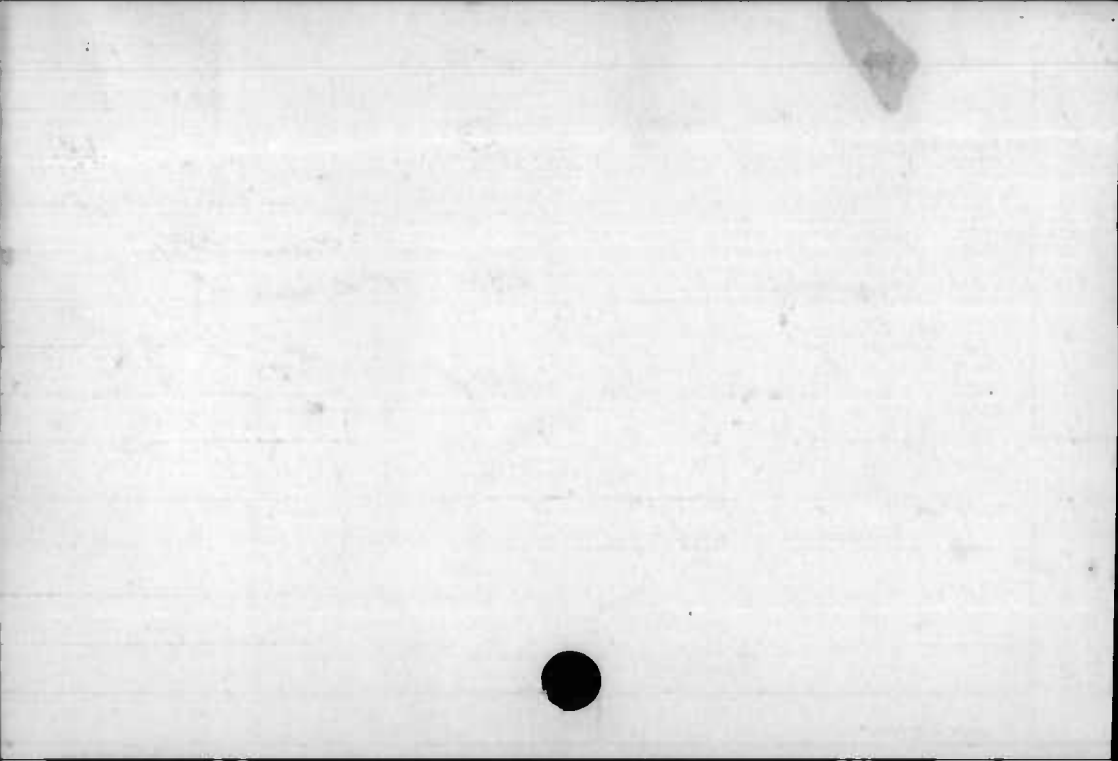
Died at <i>Delmar</i> Town		<i>Unsummit</i> County		MARYLAND	
Date of death	1908	Month	7	Day	27
Age	8		Years	8	
Sex	Male		Color or Race	White	
Occupation	Infant		Birth-place	Delmar Md.	
Where Residing if not at place of death			<i>Delmar Del</i>		
Married, Single or Widowed	Single		Name of Wife or Husband	name	
Father's Name	<i>W. Harry Cordrey</i>		Father's Birthplace	Delaware	
Mother's Maiden Name	<i>Anna Cordrey</i>		Mother's Birthplace	Delaware	
Name of person giving information	<i>W. Harry Cordrey</i>		How related to deceased	Father	

CAUSES OF DEATH

60

PHYSICIAN
OR CORONER

Primary	<i>Brain Fever</i>	How long	<i>one week</i>
Immediate	<i>Convulsion</i>	How long	<i>few hours</i>
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		<i>Robert Elligord M.D.</i>	
Address		<i>Delmar Del</i>	
Accident or Suicide?		<i>2</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John P. Chatham*

Town *Siloam* County *N.C.*

Died at *Siloam*

Month *July* Day *19* Years *—* Months *18* Days *—*

Date of death *1908*

Sex *Male* Color or Race *White* Birth-place *Siloam*

Occupation *—* Where Residing if not at place of death *—*

~~Married, Single~~ *—* Name of Wife or Husband *—*

Father's Name *Kimball G. Chatham* Father's Birthplace *Siloam*

Mother's Maiden Name *Katie Walter* Mother's Birthplace *Locals, N.C.*

Name of person giving information *J. P. Chatham* How related to deceased *Nephew*

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary *Cholera Infusion* How long *1.5 hours*

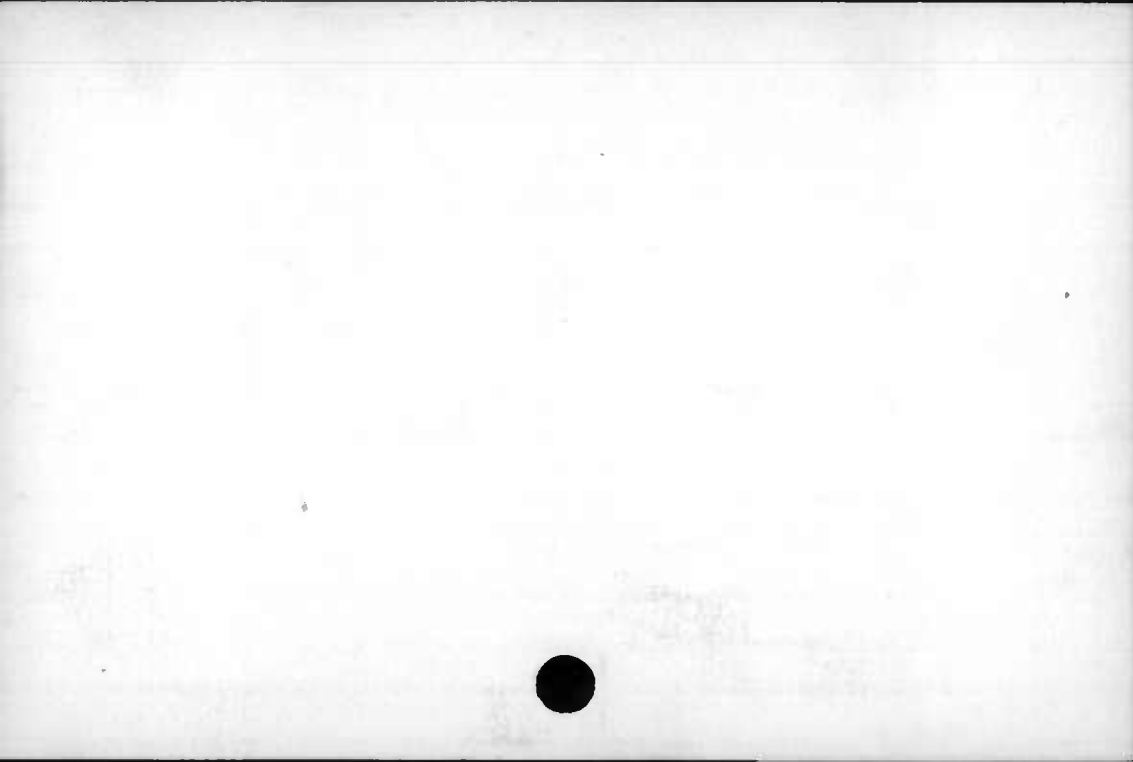
Immediate *—* How long *—*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J. P. Chatham*

Address *—*

Accident or Suicide? *No*



Name
in
Full

Wesley Conway

CERTIFICATE OF DEATH

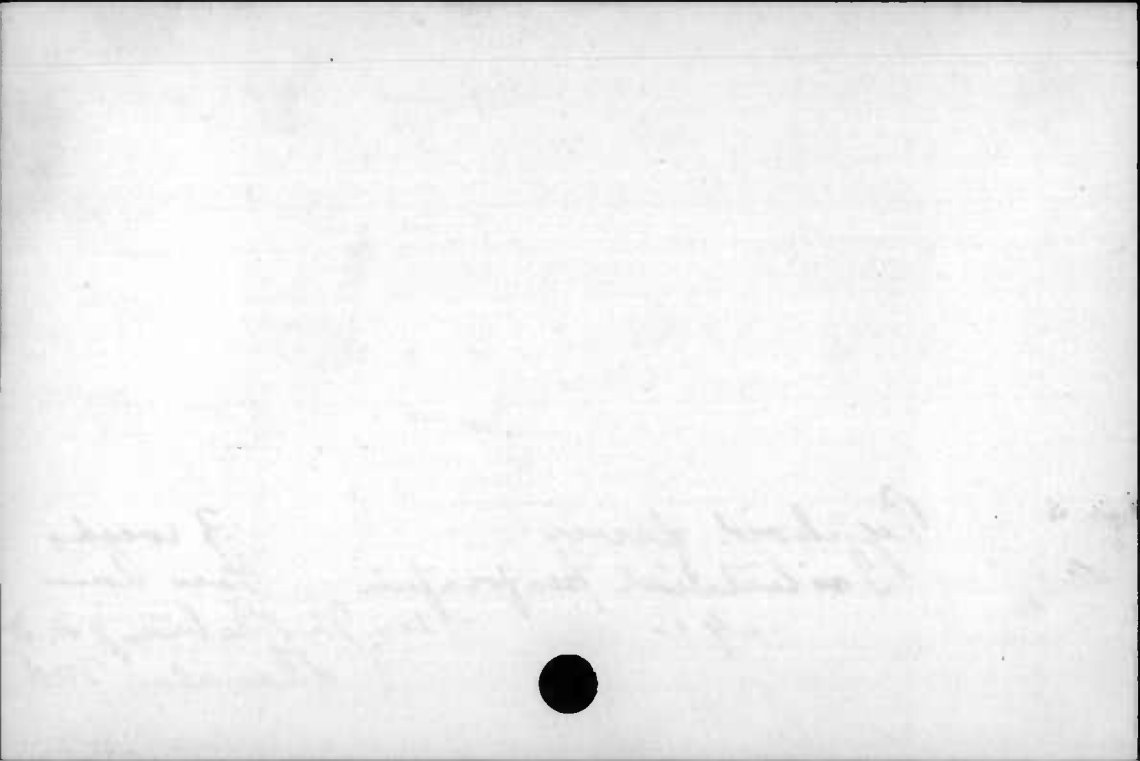
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Salisbury</u> <small>Town</small>		<u>Wisconsin</u> <small>County</small>		MARYLAND	
Date of death	<u>1908</u> <small>Month</small>	<u>July</u> <small>Day</small>	<u>18</u> <small>Years</small>	<u>22</u> <small>Months</small>	<u></u> <small>Days</small>
Sex	<u>Male</u>		Color or Race	<u>Caucasian</u>	
Occupation	<u>Farmer</u>		Birth-place	<u>Md</u>	
Where Residing if not at place of death			<u>Whit Haven</u>		
<u>Married, Single or Widowed</u>			Name of Wife or Husband <u>none</u>		
Father's Name <u>James Conway</u>			Father's Birthplace <u>Md</u>		
Mother's Maiden Name <u>Mary J. Gates</u>			Mother's Birthplace <u>Md</u>		
Name of person giving information <u>Tanner Jones</u>			How related to deceased <u>no relative</u>		

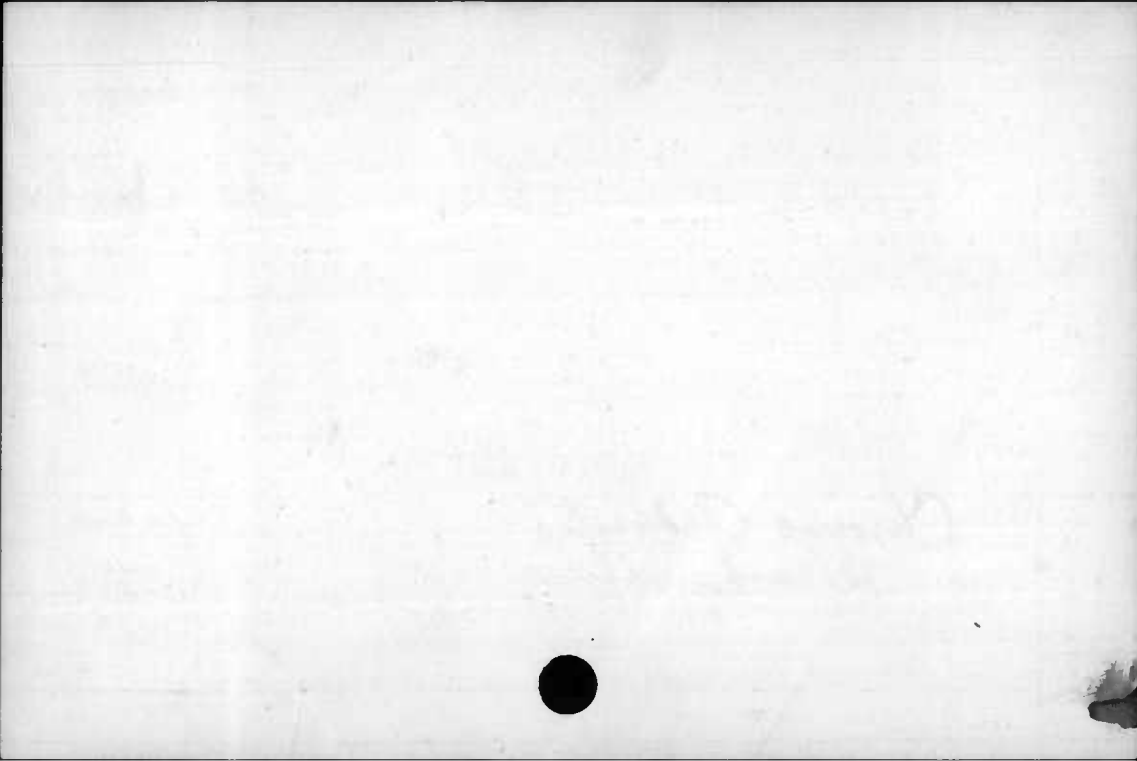
CAUSES OF DEATH

PHYSICIAN
OR CORONER

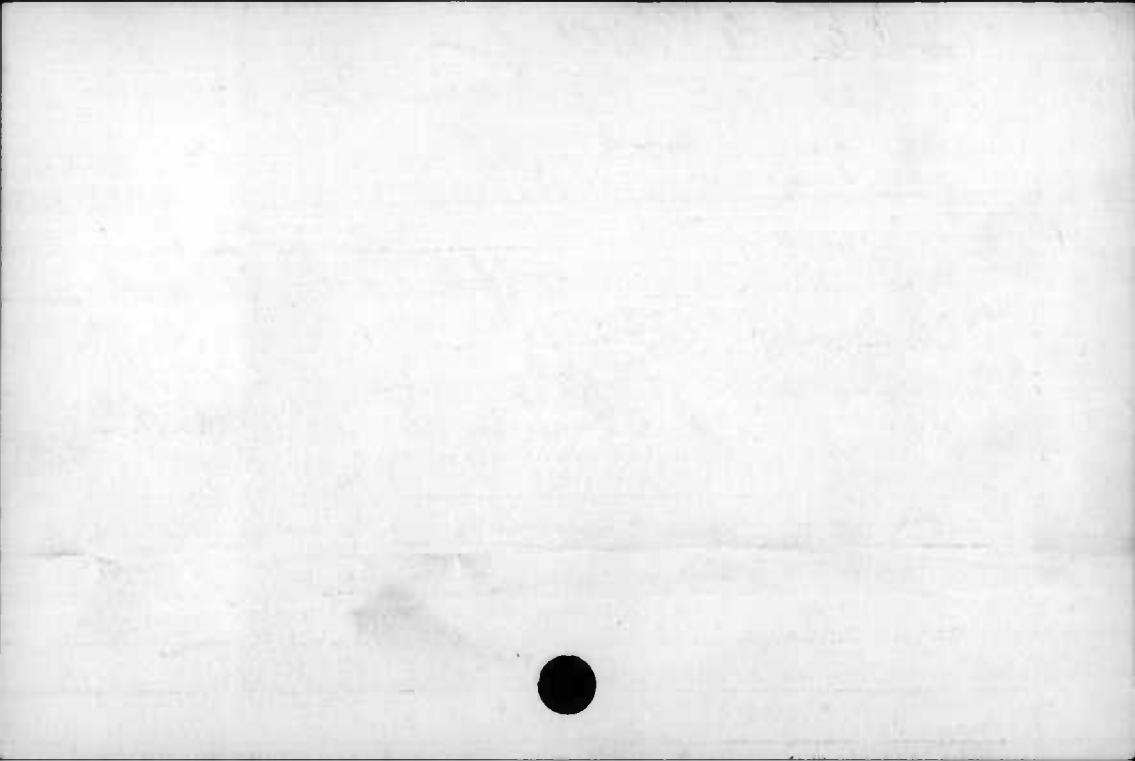
Primary	<u>Typhoid fever</u>	How long	<u>3 weeks</u>
Immediate	<u>Intestinal hemorrhage</u>	How long	<u>24 hours</u>
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		<u>Louis W. Vermeiren</u>	
Address		<u>Salisbury, Md.</u>	
Accident or Suicide?		<u>No</u>	



Name in Full		Lilly V. Dunn				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Bevalve		Vicinity		MARYLAND		
	Date of death	1908	Month	July	Day	24	Age	17
	Sex	Female		Color or Race	white		Birth-place	Maryland
	Occupation	School girl			Where Residing if not at place of death			"
	Married, Single or Widowed	Single		Name of Wife or Husband				
	Father's Name	Samuel C. Dunn				Father's Birthplace	"	
	Mother's Maiden Name	Fanny Harris				Mother's Birthplace	"	
	Name of person giving information	Samuel C. Dunn				How related to deceased	Father	
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary	Typhoid fever				How long	3 weeks	
	Immediate	Intestinal perforation				How long	Two hours	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician			
					Address			
Accident or Suicide?		No		Mrs. H. B. Dunn, M.D. Bevalve, Md.				



Name in Full		Mary E. Elliott				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Nanticoke		Wicomico		MARYLAND	
	Date of death	1908	July	22	Age about	70	
	Sex	Female		Color or Race	White		Birth-place
	Occupation	Housekeeper		Where Residing if not at place of death			
	Married, Single or Widowed	Widowed		Name of Wife or Husband			
	Father's Name	Edward Everett				Father's Birthplace	
	Mother's Maiden Name	Annice Jenkins				Mother's Birthplace	
Name of person giving information	John E. Elliott				How related to deceased		
<div style="text-align: center;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary	Chronic Arthritis				How long	3 years
	Immediate	Heart Failure				How long	2 days
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
	Accident or Suicide?				Address		
				DR. EDWARD E. LAMKIN, NANTICOKE, MD.			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

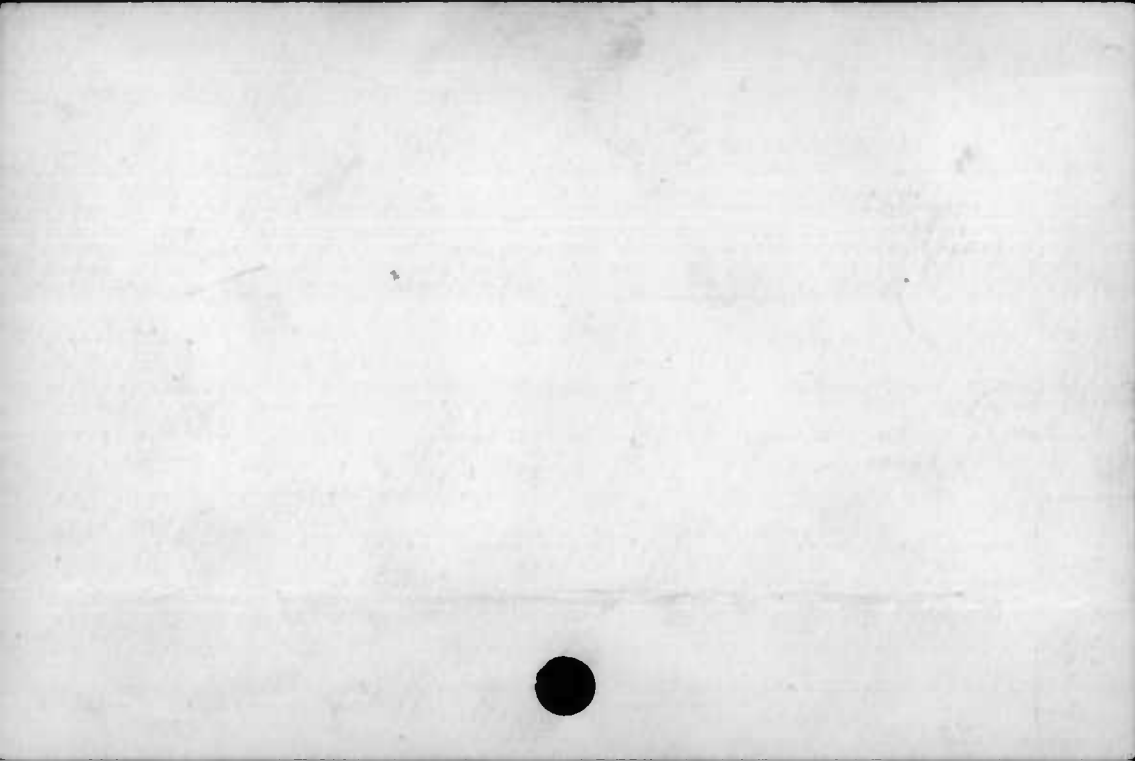
Died at		Town <i>Hebron</i>		County <i>Wicomico</i>		MARYLAND	
Date of death		Month <i>July</i>	Day <i>2nd</i>	Years <i>04</i>	Months <i>7</i>	Days	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Wicomico</i>			
Occupation <i>Housework</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Alphus D Ellis</i>					
Father's Name <i>Isaac A Henry</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Sarah E Henry</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Jos A Henry</i>				How related to deceased <i>Brother</i>			

CAUSES OF DEATH

112

PHYSICIAN
OR CORONER

Primary <i>Coronary heart disease</i>	How long <i>4 or 5 years</i>
Immediate <i>Cardiac failure</i>	How long <i>a few minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. H. Nichols</i>
	Address <i>Quantico Maryland</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Joseph Furman</i>		Town <i>Near mandela</i>		County <i>Wicomico</i>		MARYLAND	
Died at <i>Near mandela</i>		Month <i>7</i>		Day <i>8</i>		Years <i>18</i>	
Date of death <i>1908</i>		Month <i>7</i>		Day <i>8</i>		Years <i>18</i>	
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>P. O.</i>		<i>md</i>	
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>md</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Morse</i>					
Father's Name <i>Nathan Furman</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Sada Dorby</i>		Mother's Birthplace <i>Germany</i>					
Name of person giving information <i>Nathan Furman</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

172

PHYSICIAN
OR CORONER

Primary		How long	
Immediate <i>accidental Drowning</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. L. English coroner</i>	
Address <i>mandela apg</i>		<i>Maryland</i>	
Accident or Suicide? <i>accident</i>			



Name
in
Full

Richard E. Givens

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Salisbury</i> Town		<i>Wicomico</i> County		MARYLAND	
Date of death <i>1908</i>	Month <i>July</i>	Day <i>1</i>	Age <i>4</i> Years	Months <i>1</i>	Days
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Md</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>John Givens</i>			Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Sandra Givens</i>			Mother's Birthplace <i>Md</i>		
Name of person giving information <i>Sandra Givens</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Escherichia Intoxicatio</i>	How long <i>2 weeks</i>
Immediate <i>Cholera infantum</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>D. B. Potter</i>
	Address <i>Salisbury Md</i>
Accident or Suicide? <i>9</i>	



Name
in
Full

Charles E. Handy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

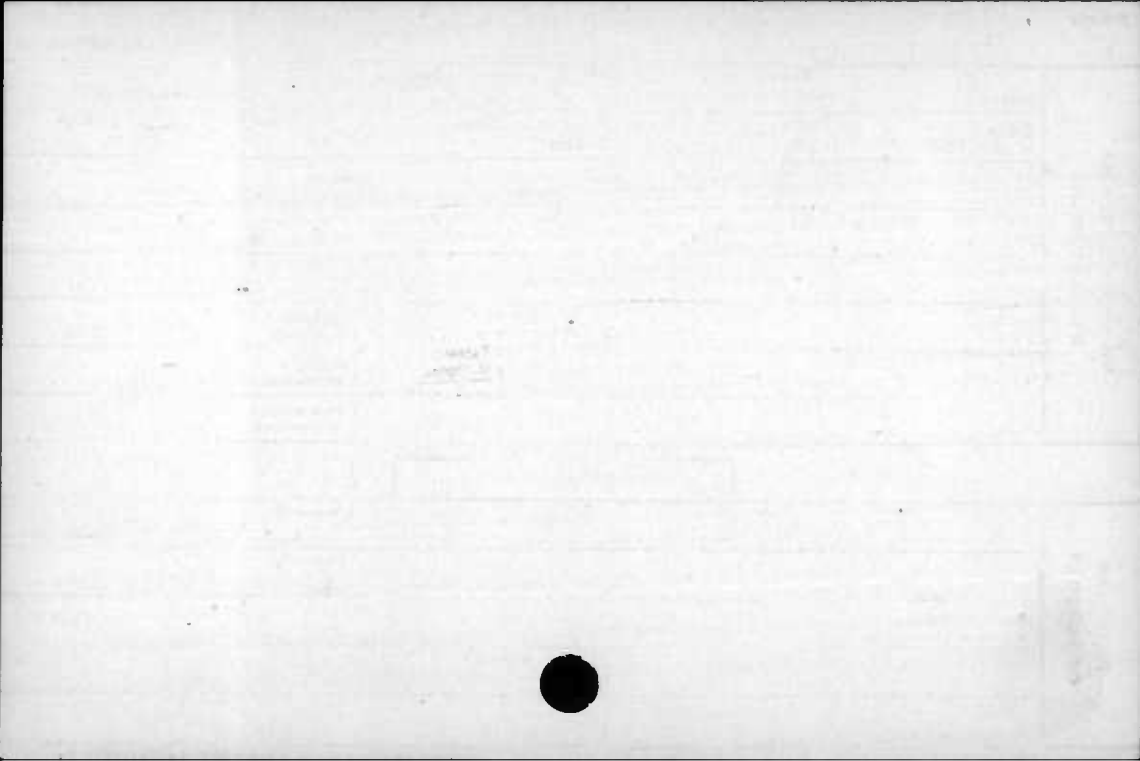
Died at <i>Salisbury</i> ^{Town}		<i>Wicomico</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	<i>July</i> ^{Month}	<i>14th</i> ^{Day}	Age <i>84</i> ^{Years}	Months	Days
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Green Hill Wicomico Co. Md.</i>		
Occupation <i>Farmer</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Ninty Handy</i>			
Father's Name <i>Handy</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Henrietta Hughes</i>			Mother's Birthplace <i>"</i>		
Name of person giving Information <i>Edward T. Pitts</i>			How related to deceased <i>Nephew</i>		

CAUSES OF DEATH

177

PHYSICIAN
OR CORONER

Primary <i>Lymph</i>	How long <i>3 yrs</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>No Physician</i>
	Address <i>Ma Zader J.P.</i>
Accident or Suicide? <i>I</i>	



Name
in Full

CERTIFICATE OF DEATH

Margaret A. Hastings

MARYLAND

Died at *Salisbury* TownCounty *Wicomico*Date of death *1908* Month *July* Day *15* thAge *81* YearsMonths *11*Days *3*Sex *Female*Color or Race *White*Birth-place *Sussex Co. Del.*Occupation *Housekeeper*

Where Residing if not at place of death

Married, Single or Widowed *Widow*Name of Wife or Husband *Samuel Hastings*Father's Name *Jonathon Hastings*Father's Birthplace *Sussex Co. Del.*Mother's Maiden Name *Phillis Records*

Mother's Birthplace " " "

Name of person giving information *Miss Susan Hastings*How related to deceased *Daughter*

CAUSES OF DEATH

106

TO BE ANSWERED BY
NEAREST FRIEND

Primary

Paralysis of Infirmities of Age

Immediate

Diarrhea of Incontinence

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

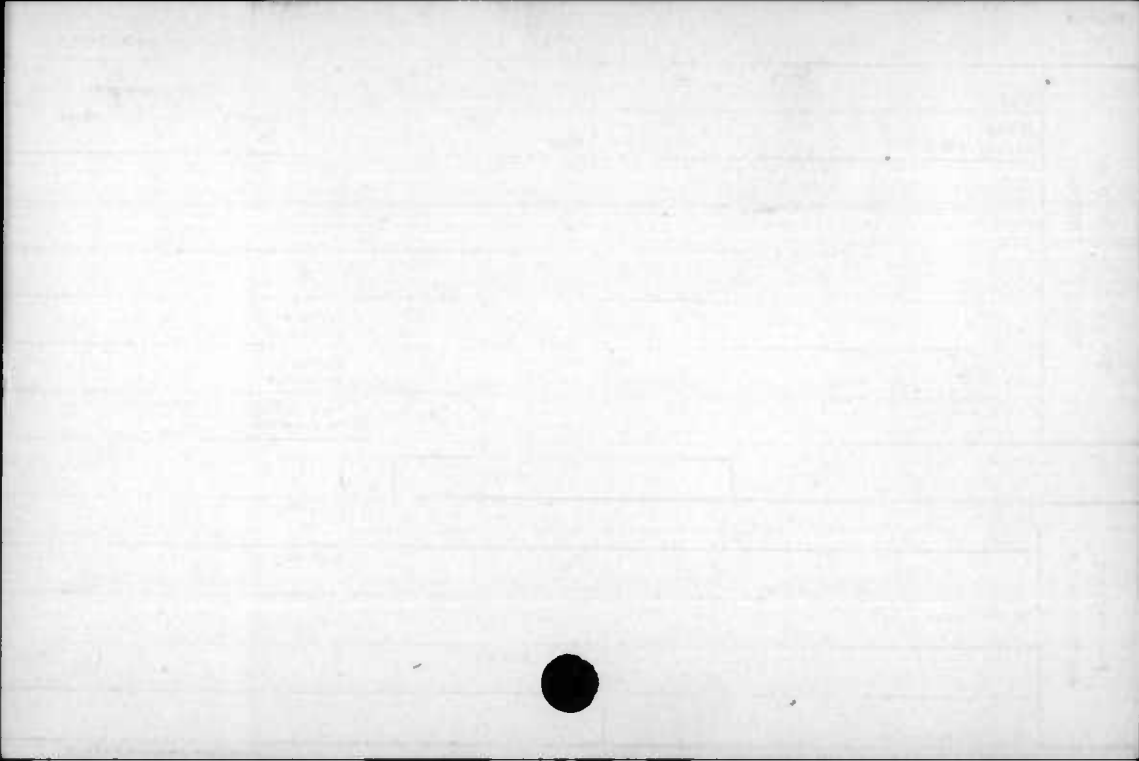
F. B. Clemens M. D.

Address

Salisbury Md

Accident or Suicide?

Q



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

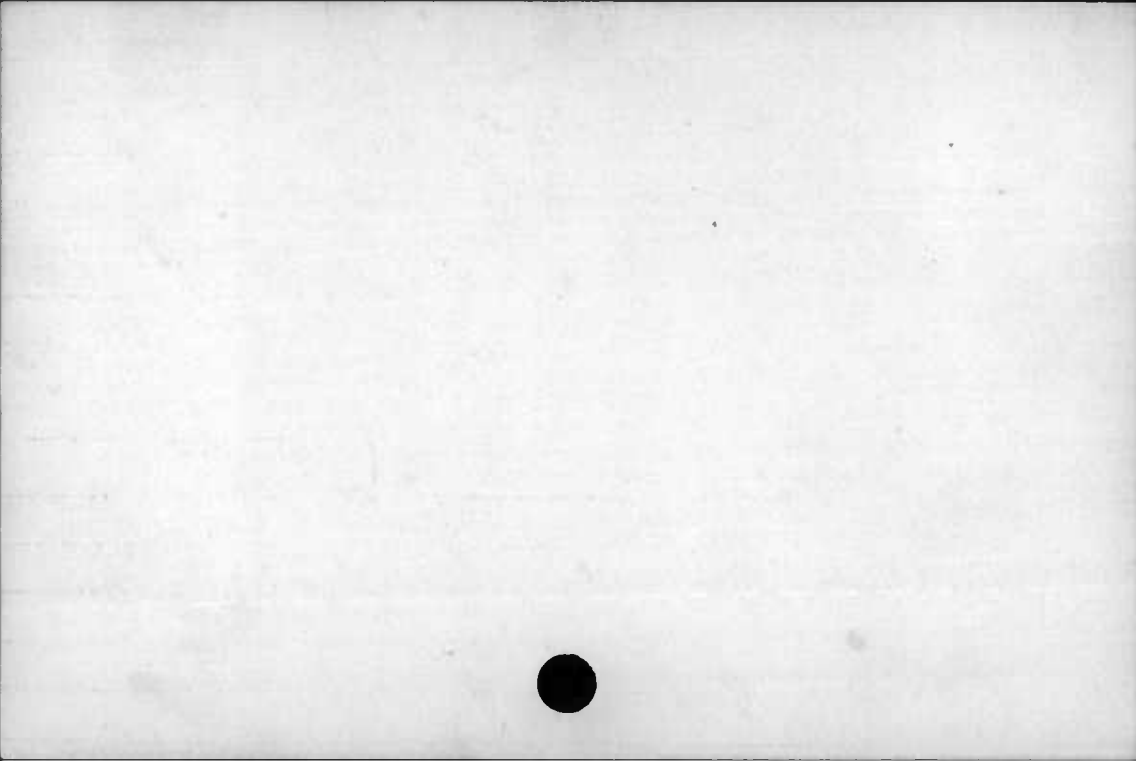
Died at <u>Hebron</u> <small>Town</small>		<u>Wicomico</u> <small>County</small>		MARYLAND	
Date of death	<u>1908</u> <small>Month</small> <u>July</u> <small>Day</small> <u>3rd.</u>	Age	<u>0</u> <small>Years</small>	<u>1</u> <small>Months</small>	<u>19</u> <small>Days</small>
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	<u>Hebron Md.</u>
Occupation	<u>None</u>		Where Residing if not at place of death		
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband <u>None</u>			
Father's Name	<u>Adison Howard</u>			Father's Birthplace	<u>Wicomico Co., Md.</u>
Mother's Maiden Name	<u>Elgin E. Bennett</u>			Mother's Birthplace	<u>" " "</u>
Name of person giving information	<u>Adison Howard</u>			How related to deceased	<u>Father</u>

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary			How long	
Immediate	<u>Cholera infantum</u>		How long	<u>8 days</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>H. C. Cornaway</u>	
		Address	<u>Hebron Md.</u>	
Accident or Suicide?				



Name
in
Full

Louise C. Hudson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Salisbury ^{Town} Wicomico ^{County} MARYLAND

Date of death 1908 July ^{Month} 27 ^{Day} Age 0 ^{Years} 9 ^{Months} 22 ^{Days}

Sex Female Color or Race White Birth-place Maryland

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name Jacob W. Hudson ✓ Father's Birthplace Md

Mother's Maiden Name Verdie Holt Mother's Birthplace Md

Name of person giving Information Jacob W. Hudson How related to deceased Father.

CAUSES OF DEATH

49

PHYSICIAN
OR CORONER

Primary Enterocolitis How long 7 weeks

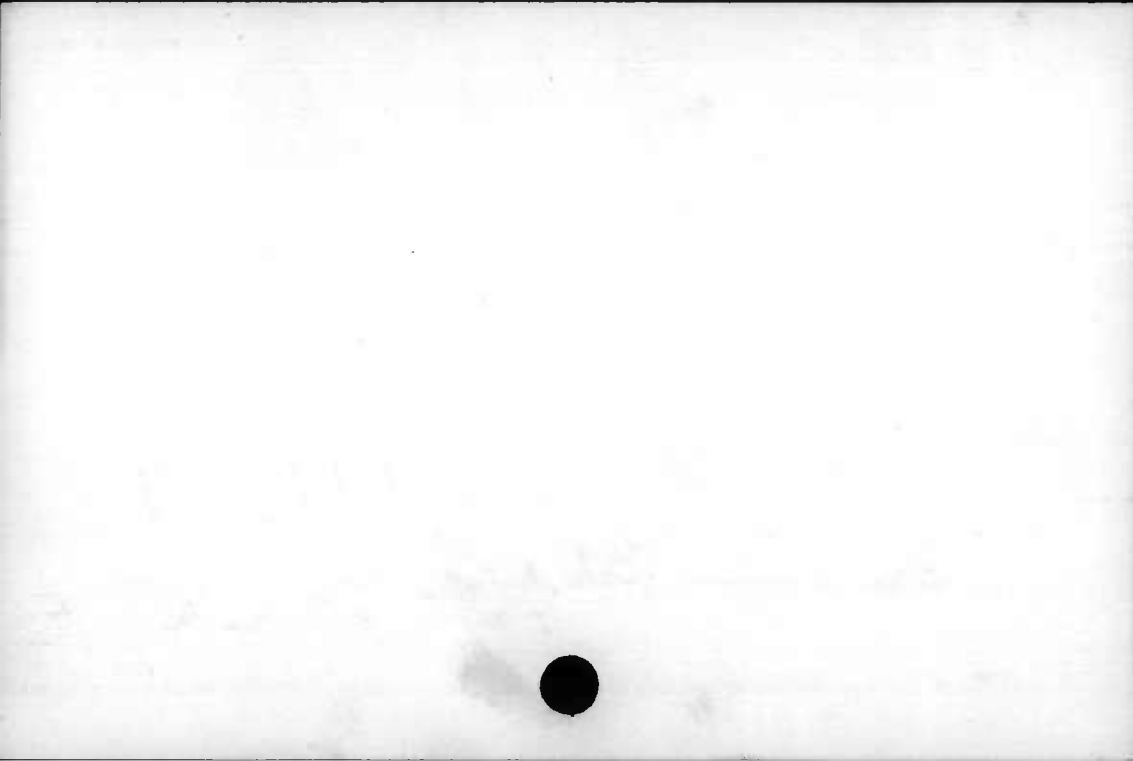
Immediate Secondary but enterocolitis hemorrhage How long 1 week

Are the name, age, sex, color, race and place correctly given above? Yes

Signature of Physician J. M. [illegible]

Address Salisbury Md

Accident or Suicide No



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

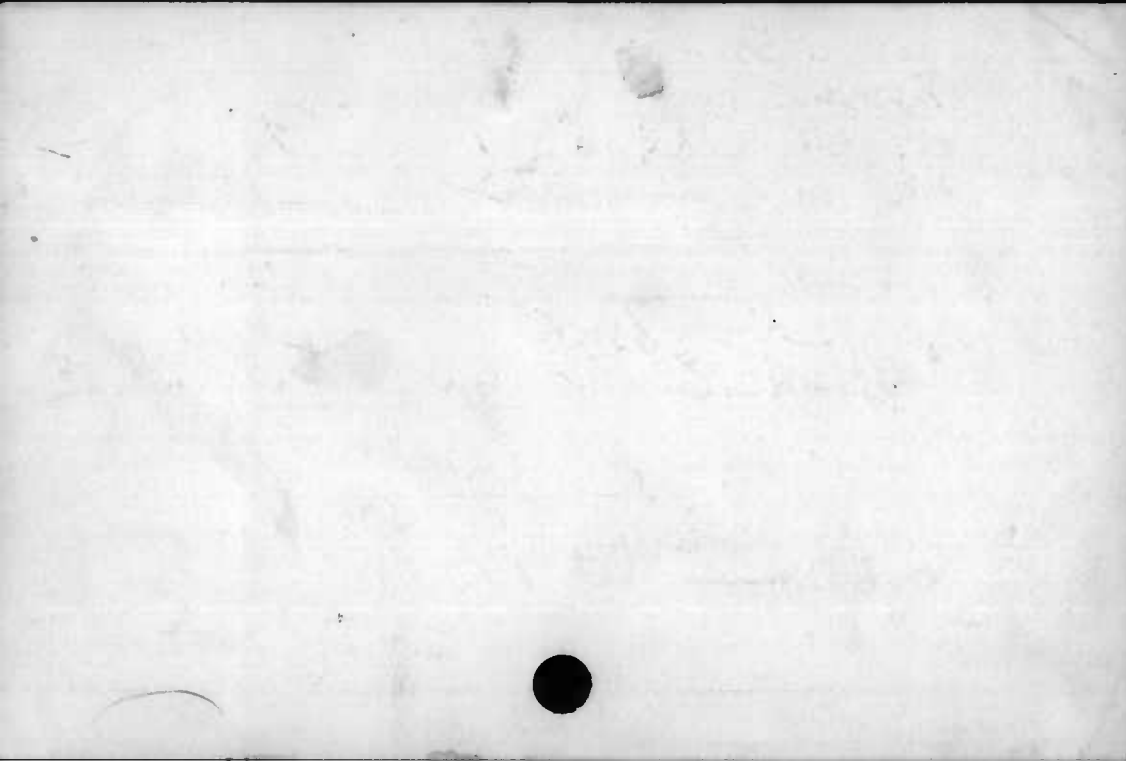
Died at <i>Washin</i> Town		<i>Wicomico</i> County		MARYLAND	
Date of death	1908	Month	July	Day	3
Sex	Male	Color or Race	White	Age	1
Occupation		Birth-place	Maryland	Months	7
Where Residing if not at place of death					
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	<i>James R. P. Insley</i>		Father's Birthplace	<i>11</i>	
Mother's Maiden Name	<i>Annie E. Fotherman</i>		Mother's Birthplace	<i>11</i>	
Name of person giving information			How related to deceased		

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary	<i>Malnutrition</i>	How long	<i>12 months</i>
Immediate	<i>Catarhal Gastritis</i>	How long	<i>One week</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>Geo W. Belton, Jr. M.D.</i>
		Address	<i>Bivalve, Md.</i>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

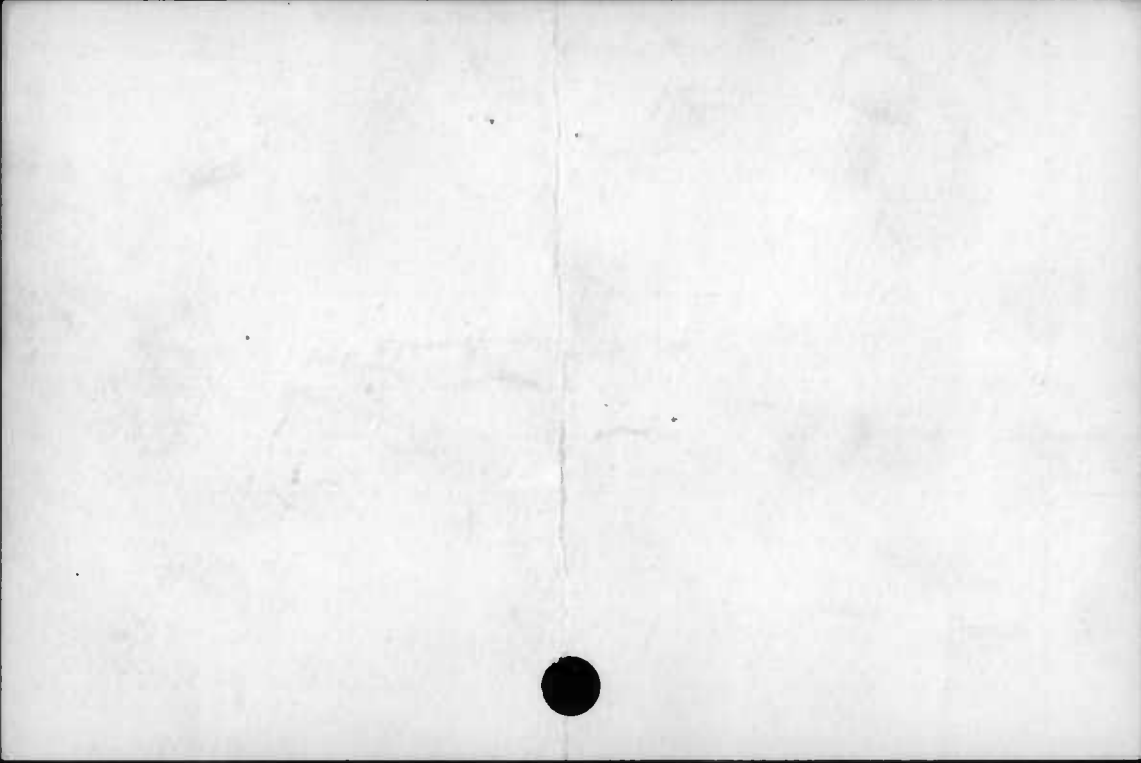
Name in Full <i>Admiral James Taylor</i>		Town <i>Near Salisbury</i>		County <i>Wicomico</i>		MARYLAND	
Died at <i>Near Salisbury</i>		Month <i>7</i>		Day <i>28</i>		Age <i>71</i>	
Date of death <i>1908</i>		Month <i>7</i>		Day <i>28</i>		Age <i>71</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Roca-walking</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>Near Salisbury</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Margret-Ellie Taylor</i>					
Father's Name <i>Isabud Taylor</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Emaline Phillips</i>		Mother's Birthplace <i>Id not know</i>					
Name of person giving information <i>Lizzie A. Jones</i>		How related to deceased <i>Sister</i>					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>Several years</i>
Immediate <i>Pleuro Pneumonia</i>	How long <i></i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo. H. Ford</i>
	Address <i>Salisbury Md</i>
Accident or Suicide? <i></i>	



Name
in
Full

Bertha W. Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Salisbury <small>Town</small>		Wicomico <small>County</small>		MARYLAND	
Date of death 1908	July <small>Month</small>	18 <small>Day</small>	23 <small>Years</small>	— <small>Months</small>	— <small>Days</small>
Sex Female	Color or Race Black	Birth-place Ind			
Occupation Housework	Where Residing if not at place of death Freeland, Ind.				
Married, Single or Widowed Married	Name of Wife or Husband Harold Jones				
Father's Name John Toobine	Father's Birthplace Ind				
Mother's Maiden Name Leah Morris	Mother's Birthplace Ind				
Name of person giving Information Harold Jones	How related to deceased Nephew				

CAUSES OF DEATH

137

PHYSICIAN
OR CORONER

Primary Septicemia	How long not known
Immediate Dance	How long " "
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician N. C. Tull
	Address Salisbury
Accident or Suicide? No	-over-

I presume the case did of
of blood poisoning & following confinement
I am requiring for Dr Mc Dick

H. C. Mee.

Name
in
Full

Rahmond Alwood Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Fruitland Md		County Wicomico		MARYLAND	
Date of death		1908	Month July	Day 16	Age	Years —	Months 3
Sex		Male		Color or Race		Black	
Occupation				Birth-place		Md	
Where Residing if not at place of death							
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		Harold Jones		Father's Birthplace		Md	
Mother's Maiden Name		Bertha Toadvine		Mother's Birthplace		Md	
Name of person giving information		Harold Jones		How related to deceased		Father.	

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

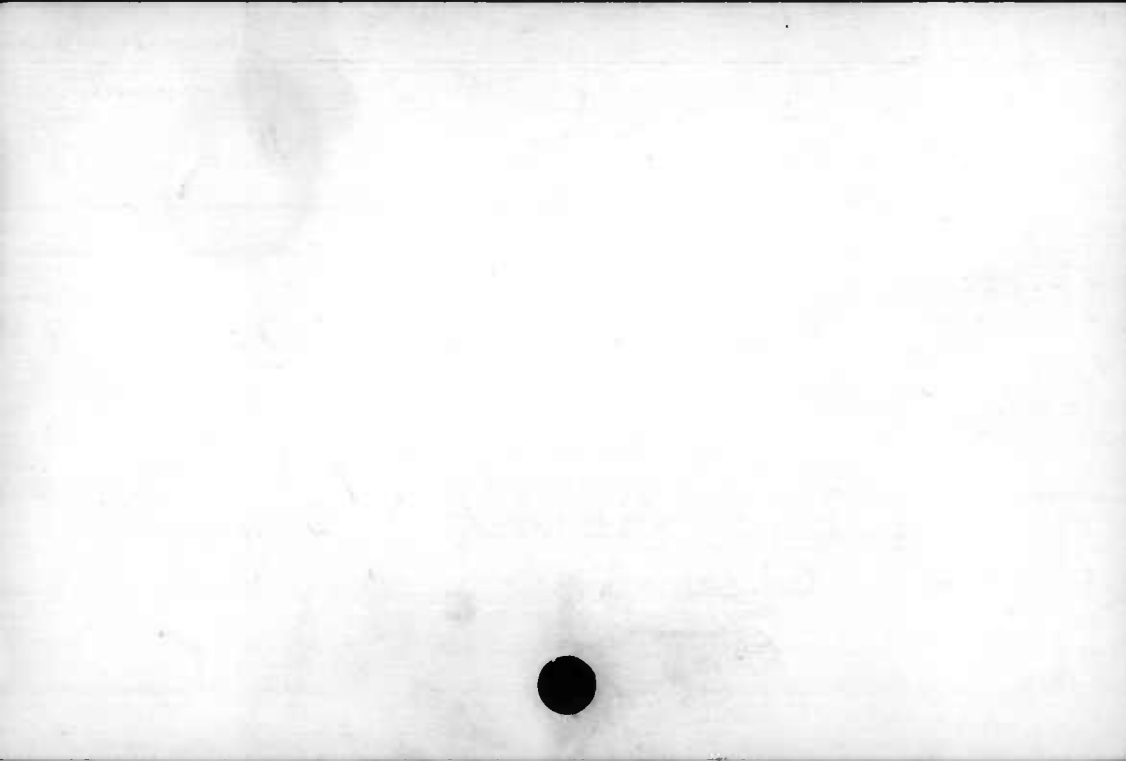
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Roscoe H Jones</i>		Town <i>Salisbury</i>		County <i>Wicomico</i>		MARYLAND	
Died at		Month <i>July</i>		Day <i>31</i>		Years <i>13</i>	
Date of death 190 <i>8</i>		Month <i>July</i>		Day <i>31</i>		Months <i>11</i>	
Age <i>13</i>		Color or Race <i>Black</i>		Birth-place <i>Md</i>		Days <i>17</i>	
Sex <i>male</i>		Occupation <i>School boy</i>		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>Richard P Jones</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Mary E Messick</i>		Mother's Birthplace <i>Md</i>					
Name of person giving Information <i>Sarah Winder</i>		How related to deceased <i>no relation</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Typhoid Fever</i>	How long	<i>10 days</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Harry Trice</i>	
		Address <i>Salisbury Md</i>	
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Isaac Levin Lammore</i>		Town <i>Birahoe</i>		County <i>Wicomico</i>		State <i>MARYLAND</i>	
Died at <i>Birahoe</i>		Date of death <i>1908</i>		Age <i>63</i>		Days <i>16</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth place <i>loc</i>			
Occupation <i>Mariner</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Caroline C. Lammore</i>					
Father's Name <i>Everger Lammore</i>		Father's Birthplace <i>Birahoe</i>					
Mother's Maiden Name <i>Mary Anne Horsman</i>		Mother's Birthplace <i>Birahoe</i>					
Name of person giving In formation <i>Ruf M. Lammore</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>General Debility</i>	How long	<i>3 months</i>
Immediate	<i>Exhaustion</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>DR. EDWARD E. LAMKIN,</i> <i>NANTICOKE, MD.</i>	
Address			
Accident or Suicide? <i>—</i>			

179



Larmore

Name
in
Full

Herman T. Lerman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

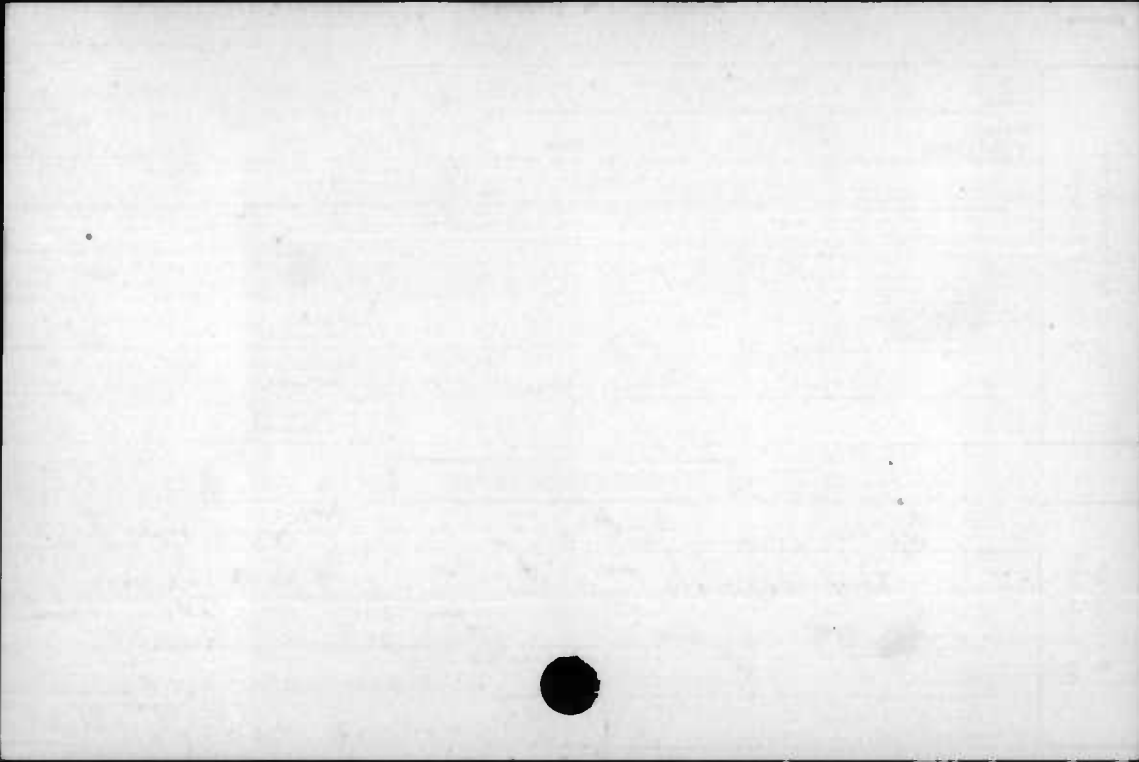
Died at <i>Mt Herman</i> Town		<i>Wicomico</i> County		MARYLAND	
Date of death <i>1908</i>	Month <i>July</i>	Day <i>13th</i>	Years <i>27</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Wicomico Co. Md.</i>		
Occupation <i>Farm hand</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>None</i>				
Father's Name <i>Thomas Lerman</i>	Father's Birthplace <i>Wicomico Co. Md.</i>				
Mother's Maiden Name <i>Alice Dove</i>	Mother's Birthplace " " "				
Name of person giving information <i>Eugene H. Mills</i>	How related to deceased <i>None</i>				

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Consumption</i>	How long <i>18 months</i>
Immediate <i>Exhaustion</i>	How long <i>2 or 3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. Geo. H. Truitt</i>
	Address <i>Parsonsbury, Wicomico Co. Md</i>
Accident or Suicide?	



Name
In
Full

Theodore Lemon

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

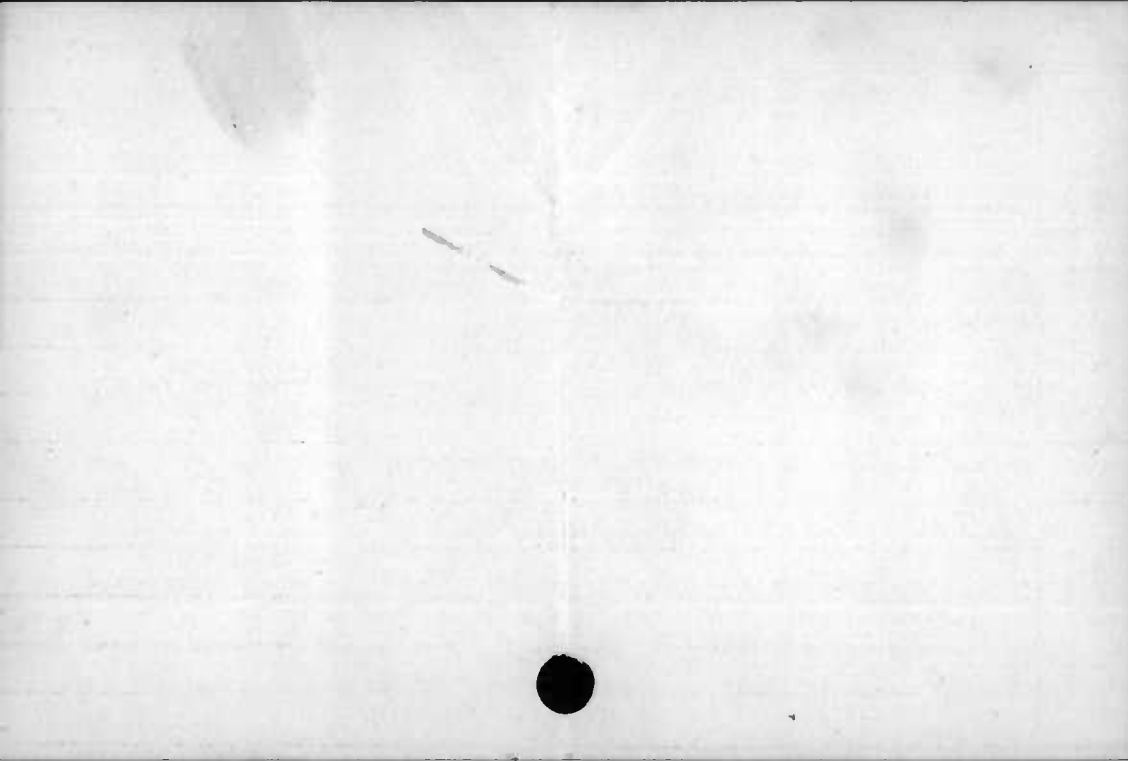
Died at <i>Walston</i>		Town		<i>Wicomico</i>		County		MARYLAND	
Date of death <i>1908</i>		Month <i>July</i>		Day <i>5</i>		Age <i>8</i>		Months	
Sex <i>male</i>		Color or Race <i>White</i>		Birthplace <i> Md</i>				Days	
Occupation <i>School boy</i>				Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>				Name of Wife or Husband					
Father's Name <i>Orlander Lemon</i>				Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Sarah Shriggs</i>				Mother's Birthplace <i>Md</i>					
Name of person giving information <i>John H Reed</i>				How related to deceased <i>no relation</i>					

CAUSES OF DEATH

60

PHYSICIAN
OR CORONER

Primary <i>Brain Fever</i>		How long <i>2 weeks</i>	
Immediate <i>Exhausted vitality</i>		How long <i>12 or 15 hours</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Dr. Geo. H. Truitt</i>	
		Address <i>Parsonsbury</i>	
Accident or Suicide?		<i>Wicomico Co. Md</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>P.G. Hospital Salisbury</i>		County <i>Wicomico</i>		MARYLAND	
Date of death	1908	Month	July	Day	3
		Years	16	Months	5
Sex	Female	Color or Race	White	Birth-place	Fruitland
Occupation	Housewife		Where Residing if not at place of death <i>Near Fruitland</i>		
Married, Single or Widowed	Married	Name of Wife or Husband <i>Lambert J. Muir</i>			
Father's Name	<i>George Schofield</i>		Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name	<i>Mary C. Jones</i>		Mother's Birthplace <i>"</i>		
Name of person giving information	<i>L. J. Muir</i>		How related to deceased <i>Husband</i>		

CAUSES OF DEATH

①

PHYSICIAN
OR CORONER

Primary	<i>Influenza</i>	How long	<i>6 weeks</i>
Immediate	<i>Chorea</i>	How long	<i>Two days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>[Signature]</i>
As far as obtainable	<i>no</i>	Address	<i>Salisbury Md.</i>
Accident or Suicide?	<i>no</i>		

This was Dr. J. D. L. Lays'
father from Allen, Ind.
and I only saw him
a few days before death.

W. D. L.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Nantuxwe</u> Town		<u>Wicomico</u> County		MARYLAND	
Date of death	1908	Month	July	Day	31
Age		Years	11	Months	13
Sex	Female	Color or Race	Colored	Birth-place	Maryland
Occupation		Where Residing if not at place of death <u>North East</u>			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		<u>Henry B. Nutter</u>		Father's Birthplace <u>Los Angeles Co</u>	
Mother's Maiden Name		<u>Ellen Evans</u>		Mother's Birthplace <u>IN</u>	
Name of person giving information		<u>Henry B. Nutter</u>		How related to deceased <u>Father</u>	

CAUSES OF DEATH

14

PHYSICIAN
OR CORONER

Primary	<u>Dysentery</u>	How long	<u>2 weeks</u>
Immediate	<u>Intestinal Infection</u>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Dr J H Day</u>	
<u>yes</u>		Address <u>Justonville</u>	
Accident or Suicide?			



Name
in
Full

Lorraine Parker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Salisbury Town

Wicomico County

MARYLAND

Date of death 1908 July

Month

9 Day

Age Years

2 Months

9 Days

Sex Female

Color or
Race

Black

Birth-
place

Md

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Charles H Pinkett

Father's
Birthplace

Md

Mother's
Maiden Name

Martha Harlow

Mother's
Birthplace

Md

Name of person giving
In formation

Charles H Pinkett

How related
to deceased

Father

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary

EAST - Enteritis

How long

several days

Immediate

Inanition

How long

few days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

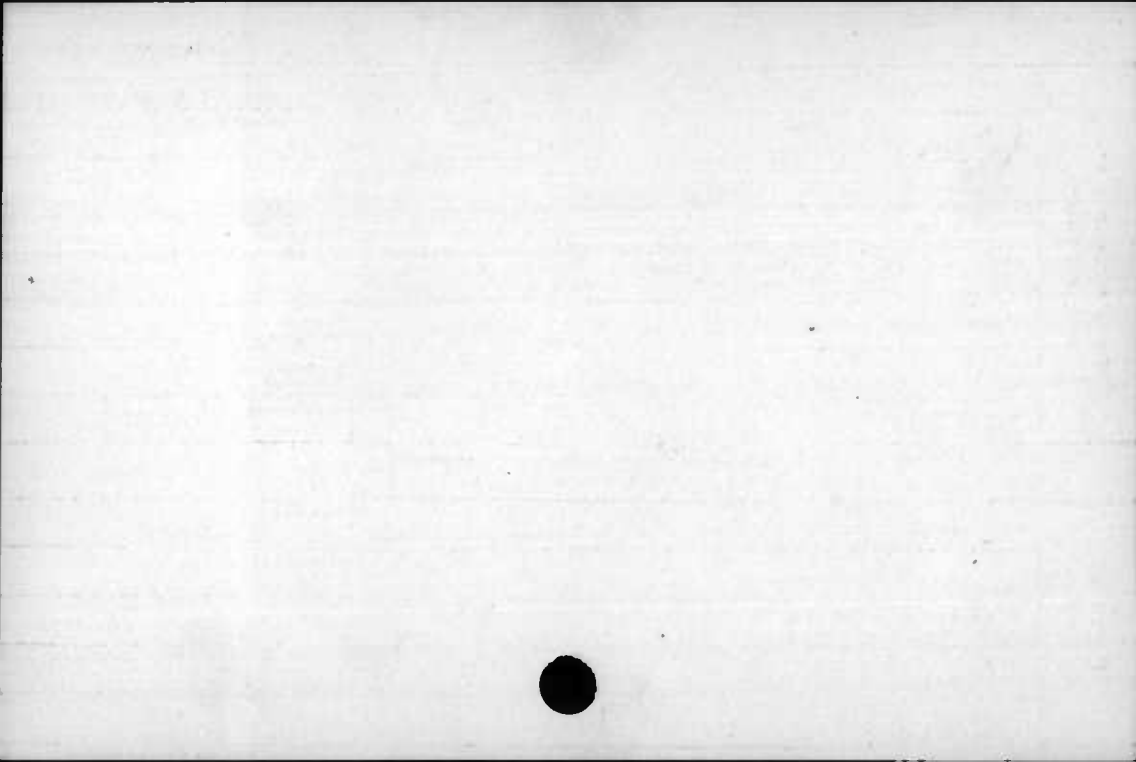
F. M. Clemens M.D.

Address

Salisbury

Md

Accident or Suicide?



Name
in
Full

Sallie E. H. Parker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

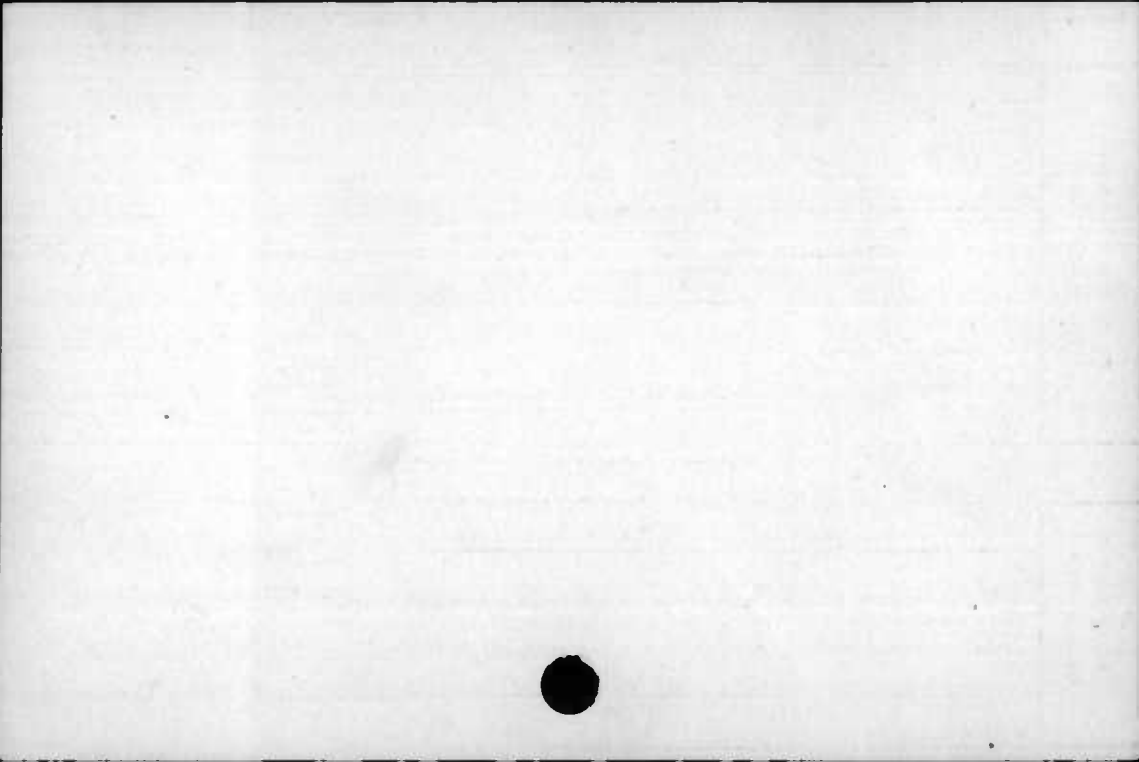
Died at <i>Near Delmar</i>		Town <i>Delmar</i>		County <i>Wicomico</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>7</i>	Day <i>14</i>	Age <i>47</i>	Years	Months <i>2</i>	Days <i>5</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>				
Occupation <i>House Wife</i>			Where Residing if not at place of death <i>Near Delmar</i>				
Married, Single <i>Married</i>			Name of Wife <i>E. H. Parker</i> Husband				
Father's Name <i>James Dryden</i>				Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Tabitha Dryden</i>				Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>James E. Parker</i>				How related to deceased <i>Son</i>			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>3 years</i>
Immediate <i>Dropsy</i>	How long <i>4 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>James Grayshaw</i>
	Address <i>Delmar Delaware</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

Lucky B Perdue

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

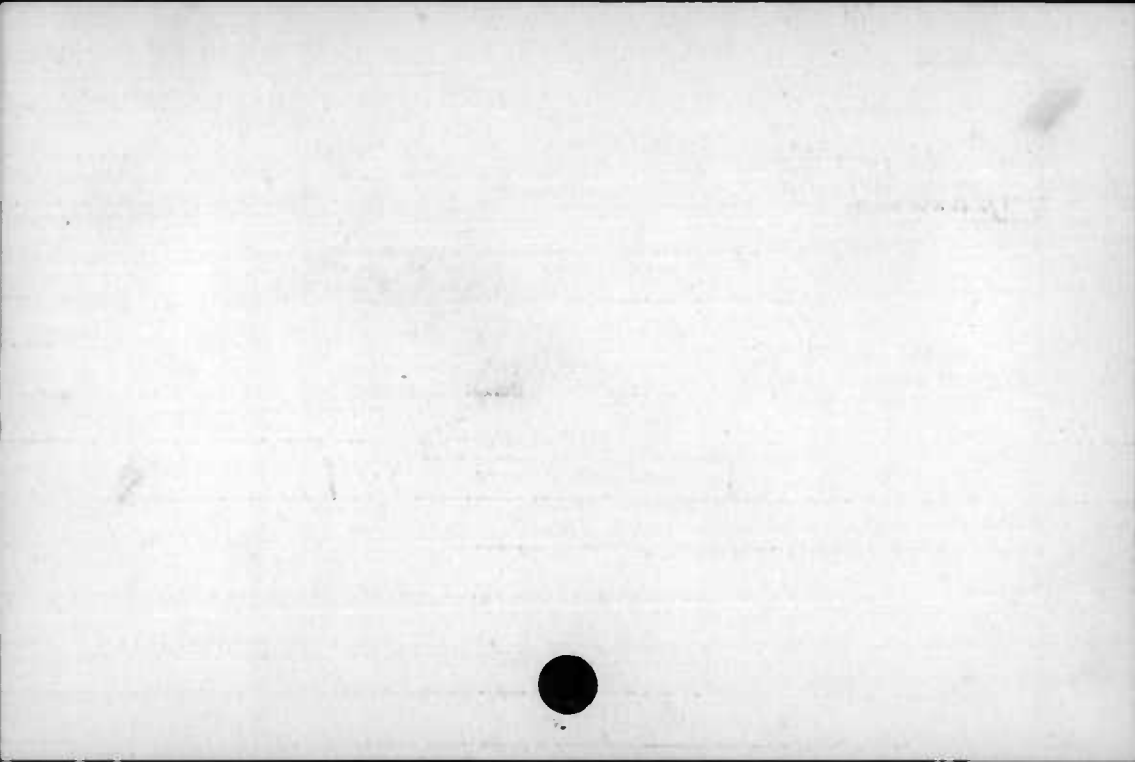
Died at <u>Salisbury</u> Town			<u>Wicomico</u> County			MARYLAND		
Date of death <u>1908</u>		Month <u>July</u>	Day <u>11</u>	Age <u>34</u>	Years	Months	Days	
Sex <u>Female</u>		Color or Race <u>white</u>		Birth-place <u>Me</u>				
Occupation <u>Housework</u>				Where Residing if not at place of death				
Married, Single or Widowed			Name Wife or Husband <u>Beachamp G Perdue</u>					
Father's Name <u>Thomas H Perdue</u>			Father's Birthplace <u>Me</u>					
Mother's Maiden Name <u>Unknown</u>			Mother's Birthplace <u>Unknown</u>					
Name of person giving information <u>Beachamp G Perdue</u>			How related to deceased <u>Husband</u>					

CAUSES OF DEATH

①

PHYSICIAN
OR CORONER

Primary <u>Typhoid fever</u>	How long <u>15 days</u>
Immediate <u>Toxemia</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>D. B. Potter</u>
	Address <u>Salisbury Md.</u>
Accident or Suicide? <u>No</u>	



Name
in
Full

Mildred M Percell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

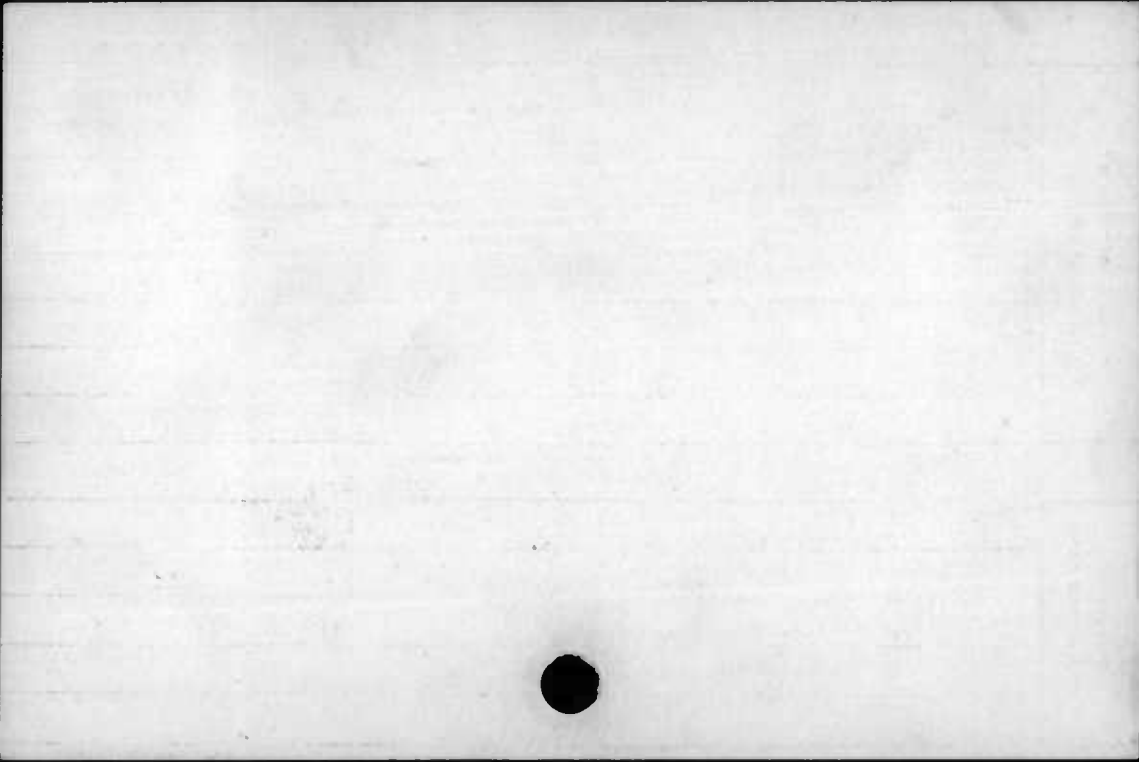
Died at <u>Salisbury</u> Town		<u>Wicomico</u> County		MARYLAND	
Date of death	1908	Month	July	Day	11
Age	2	Years	9	Months	
Sex	Female	Color or Race	white	Birth-place	Md
Occupation			Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	<u>John D Percell</u>		Father's Birthplace	Md	
Mother's Maiden Name	<u>Mary E Marnick</u>		Mother's Birthplace	Md	
Name of person giving information	<u>Mary E Percell</u>		How related to deceased	<u>Sister</u>	

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<u>Heart Hypertension</u>	How long	<u>14 years</u>
Immediate	<u>Pulmonary edema</u>	How long	<u>2 weeks</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>J. M. D. M.</u>
as <u>I know</u>	Address	<u>Salisbury Md</u>	
Accident or Suicide?	<u>No.</u>		



Name in Full		William M. Pryor				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Fruitland	County Wicomico	MARYLAND		
		Date of death		1908	Month July	Day 24 th	Age 64	Months 2
		Sex		Male		Color or Race	White	
		Occupation		Farmer		Birth-place		Fruitland Md.
		Where Residing if not at place of death						
		Married, Single or Widowed		Married		Name of Wife or Husband		Martha M. Pryor
		Father's Name				Father's Birthplace		
		Mother's Maiden Name				Mother's Birthplace		
Name of person giving information		Wm L. Pryor		How related to deceased		Son		
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary		Consumption		(27) How long		
		Immediate				How long		
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		W. A. Brady		
				Address				
		Accident or Suicide?						



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

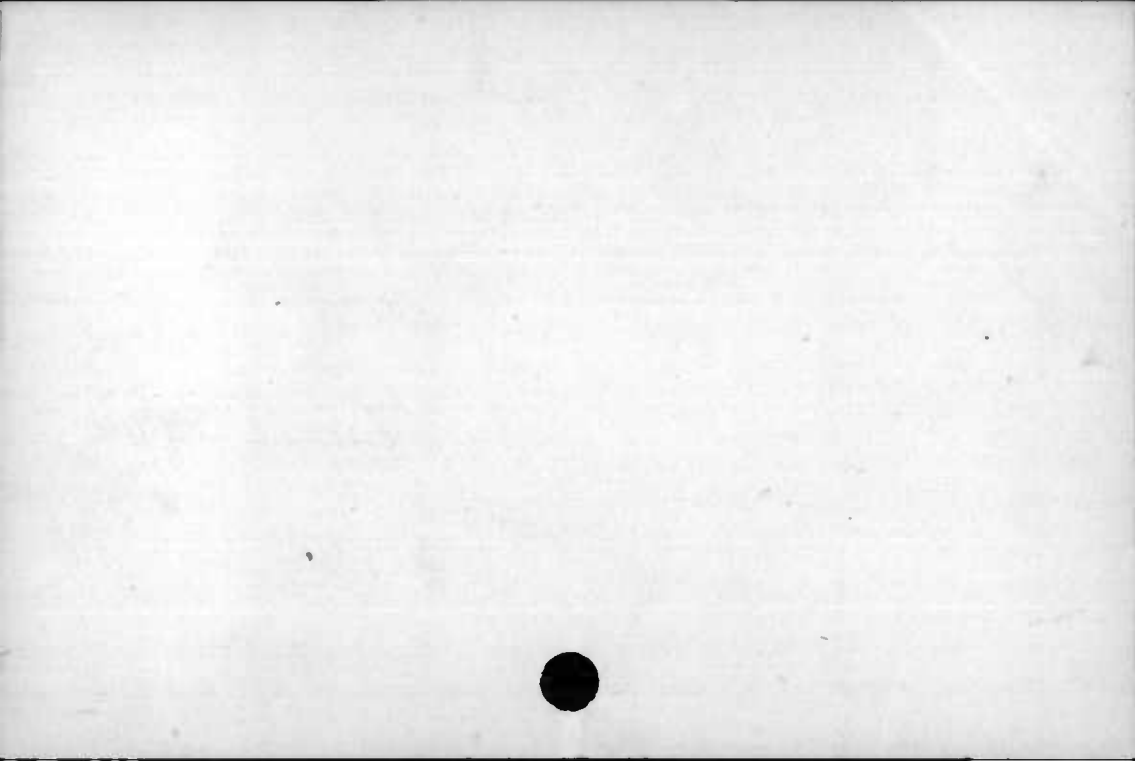
Died at <u>Allen</u> Town <u>Prusey</u> County <u>Wicomico</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>2</u>	Day <u>18</u>	Age <u>2</u> Years <u>0</u> Months <u>0</u> Days
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Wic Co</u>	
Occupation <u> </u>	Where Residing if not at place of death <u> </u>		
Married Single	Name of Wife or <u>Husband</u>		
Father's Name <u>Littleton L. Prusey</u>	Father's Birthplace <u>Somerset Co., Md.</u>		
Mother's Maiden Name <u>Ella Smith</u>	Mother's Birthplace <u>Wicomico Co., Md.</u>		
Name of person giving information <u>Littleton L. Prusey</u>	How related to deceased <u>Father</u>		

CAUSES OF DEATH

106

PHYSICIAN
OR CORONER

Primary <u>Gastro-intestinal</u>	How long <u> </u>
Immediate <u>Convulsions</u>	How long <u> </u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. J. T. Long</u>
	Address <u>Allen</u>
Accident or Suicide? <u> </u>	<u>Yes</u>



Name
in
Full

Hazel B Rector

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Salisbury</u> Town		<u>Wicomico</u> County		MARYLAND	
Date of death	1908	Month	July	Day	26
Age	Years		Months	Days	
Sex	<u>Female</u>		Color or Race	<u>White</u>	
Occupation			Birth-place	<u>md</u>	
Where Residing if not at place of death					
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving Information			How related to deceased		

Roy C Rector

Va

Willie E Givens

Va

Roy C Rector

Father

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<u>Enterocolitis</u>	How long	<u>10 days</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>yes</u>		<u>Nancy Full</u>	
		Address	
		<u>Salisbury</u>	
Accident or Suicide?			

md



Name
in
Full

George H. Riall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

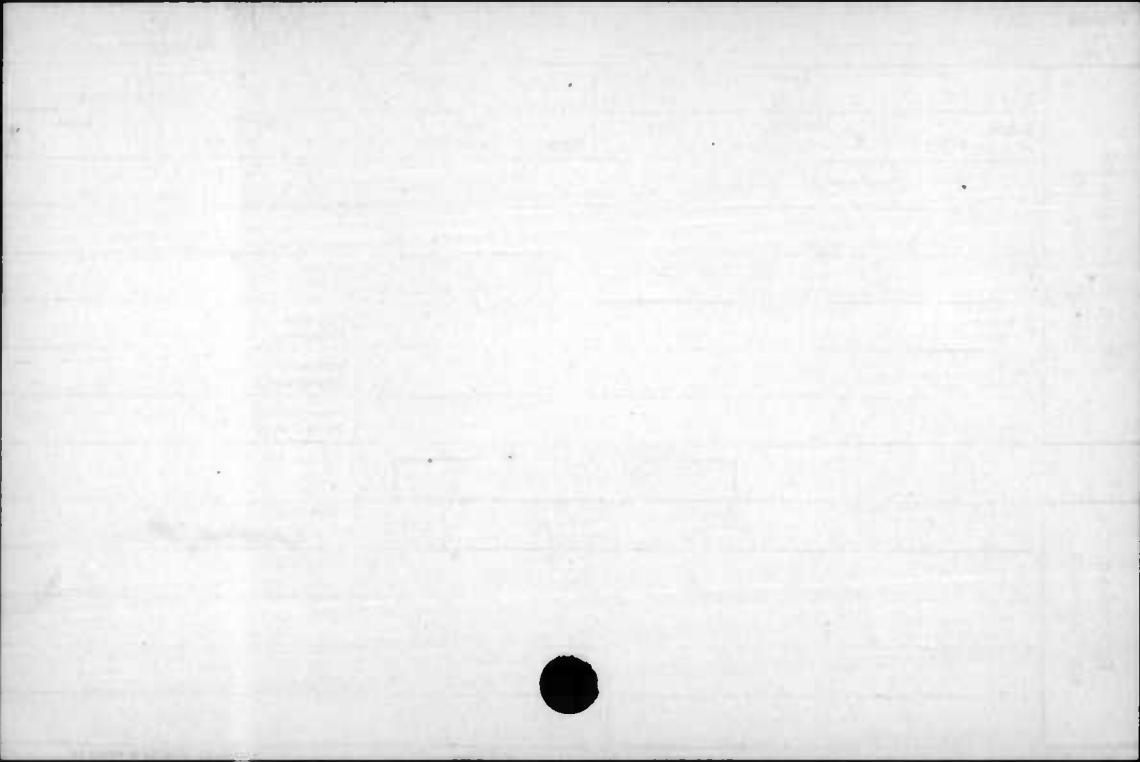
Died at <i>The P. G. Hospital Salisbury Md.</i>		County <i>Wicomico</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>July</i>	Day <i>11</i>	Years <i>46</i>	Months <i>4</i>	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Tyaskin</i>		
Occupation <i>Real Estate Agent</i>	Where Residing if not at place of death <i>In Salisbury Md.</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>None</i>				
Father's Name <i>George Riall</i>	Father's Birthplace <i>Tyaskin</i>				
Mother's Maiden Name <i>Sally Daugherty</i>	Mother's Birthplace <i>Maryland</i>				
Name of person giving information <i>Dr E. Riall</i>	How related to deceased <i>White</i>				

CAUSES OF DEATH

①

For years

PHYSICIAN OR CORONER	Primary <i>Typhoid Fever</i>	How long <i>4 or 5 days</i>
	Immediate <i>Died Suddenly</i>	How long <i>few minutes</i>
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Louis W. Heron M.D.</i>
	Address <i>Salisbury Md.</i>	
Accident or Suicide? <i>No</i>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

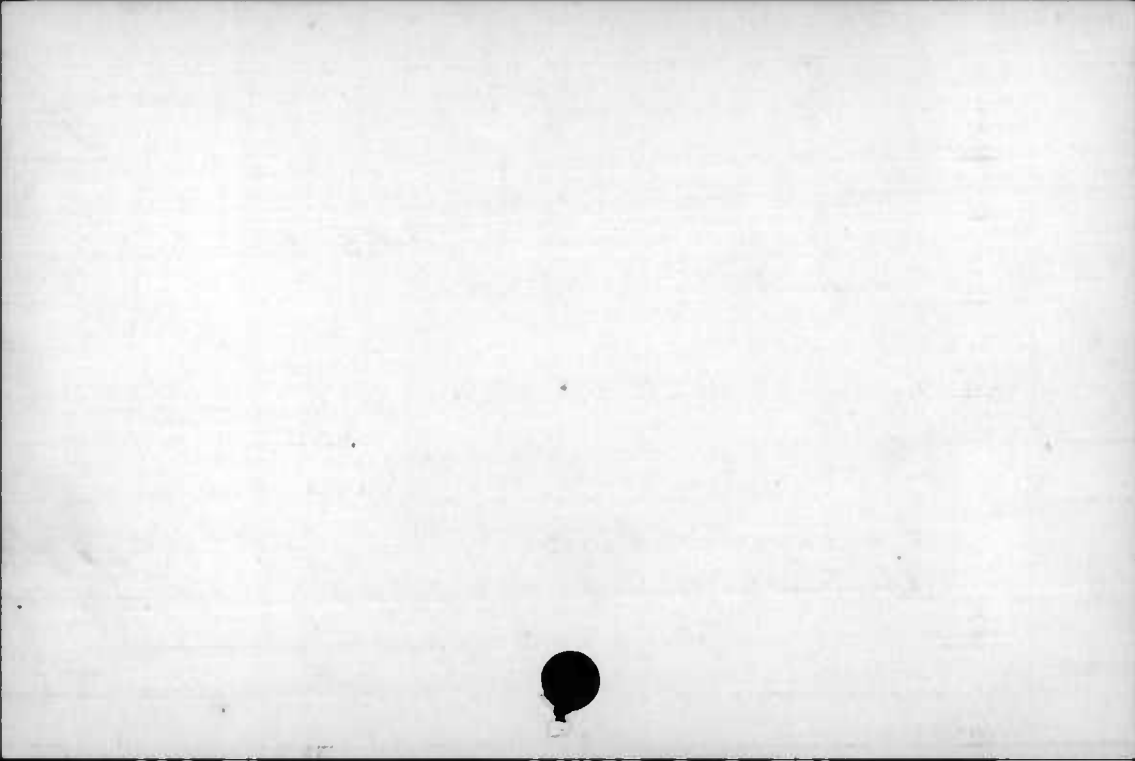
Died at <i>Salisbury</i>		<i>Waco, Md</i>		MARYLAND	
Date of death	<i>1908</i>	Month <i>July</i>	Day <i>3</i>	Age <i>—</i>	Months <i>—</i> Days <i>16</i>
Sex	<i>Female</i>		Color or Race <i>white</i>	Birth-place <i>Salisbury Md</i>	
Occupation	<i>none</i>			Where Residing if not at place of death <i>Salisbury Md</i>	
Married, Single or Widowed	<i>Infant</i>		Name of Wife or Husband	<i>Infant</i>	
Father's Name	<i>William B Riggie</i>			Father's Birthplace	<i>Md</i>
Mother's Maiden Name	<i>Annie L Lewis</i>			Mother's Birthplace	<i>Md</i>
Name of person giving information	<i>William B Riggie</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

151

**PHYSICIAN
OR CORONER**

Primary	Inanition	How long	16 days
Immediate	Heart failure	How long	few hours
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Low - W. Morris
		Address	Baltimore Md.
Accident or Suicide?			



Name
in
Full

Annis L Riggins

CERTIFICATE OF DEATH

MARYLAND

Died at *Salisbury* Town*Wicomico* CountyDate of death *1908* Month *July* Day *22*Age *33* YearsMonths *10*Days *10*Sex *Female*Color or Race *White*Birth-place *Md*Occupation *Housework*

Where Residing if not at place of death

*Salisbury Md.*Married, ~~Single~~ or ~~Widowed~~

Name of Wife or Husband

William B Riggins

Father's Name

Milbourn Lewis

Father's Birthplace

Md

Mother's Maiden Name

Emella Townsend

Mother's Birthplace

Md

Name of person giving information

William B Riggins

How related to deceased

*29**Husband*

CAUSES OF DEATH

Primary

Tuberculosis of Bowel?

How long

8 weeks

Immediate

Sanitation & Collapse

How long

Several weeks

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Laura M. Morris M.D.

Address

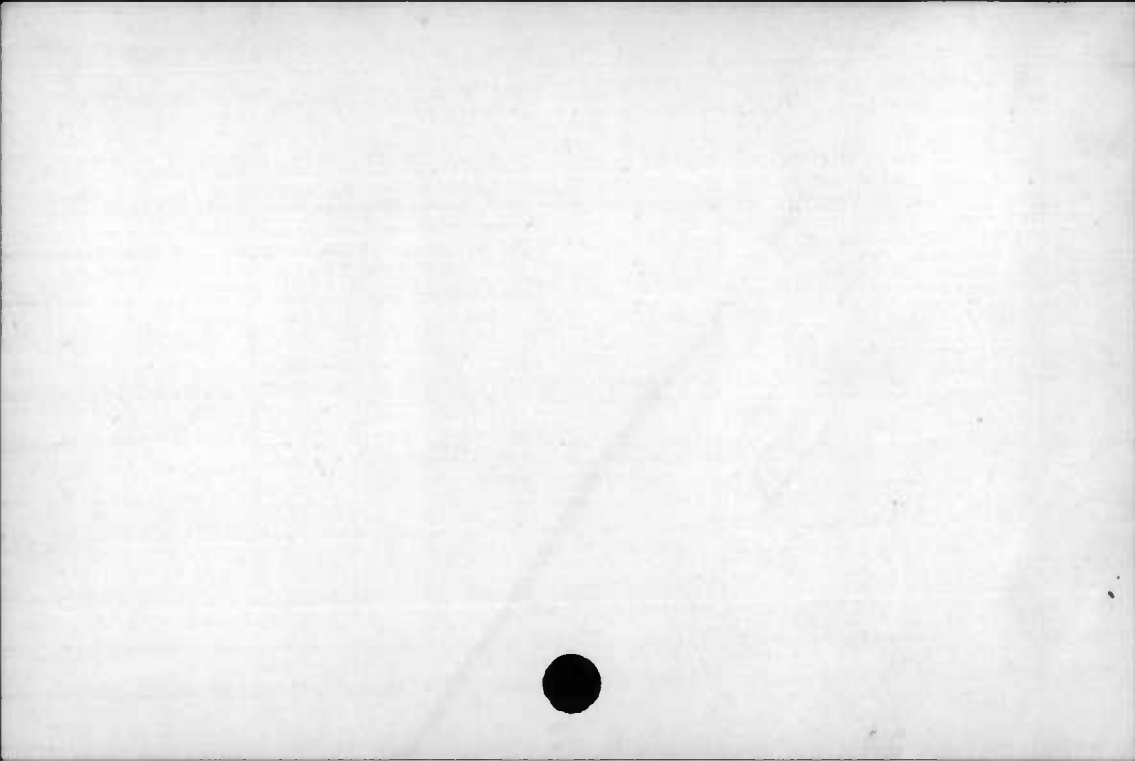
Salisbury Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		Charles Henry Shockley				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Fruitland</i> <small>Town</small>		<i>Wicomico</i> <small>County</small>		MARYLAND	
		Date of death <i>1908</i> <small>Month</small> <i>July</i> <small>Day</small> <i>23rd</i> <small>Years</small> <i>2</i>		Age <i>2</i>		<small>Months</small> <i>7</i> <small>Days</small> <i>19</i>	
		Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Fruitland Md.</i>	
		Occupation <i>None</i>		Where Residing if not at place of death			
		Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>			
		Father's Name <i>John W. Shockley</i>		Father's Birthplace <i>Worcester Co. Md.</i>			
		Mother's Maiden Name <i>Effie C. Allen</i>		Mother's Birthplace <i>Fruitland Md.</i>			
		Name of person giving information <i>John W. Shockley</i>		How related to deceased <i>Father</i>			
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 1px solid black; border-radius: 50%; padding: 5px;">79</div>							
PHYSICIAN OR CORONER		Primary <i>Disease of Mitral Valves</i>		<i>How long</i> <i>4 Mo. ?</i>			
		Immediate <i>With Chronic Nephritis</i>		<i>How long</i> <i>Not definite</i>			
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Harry Chell</i>			
				Address <i>Salisbury Md.</i>			
		Accident or Suicide? <i>No</i>					



Name
in
Full

Edward J. Shores

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Salisbury</u> Town		<u>Worcester</u> County		MARYLAND	
Date of death	<u>1908</u>	Month	<u>July</u>	Day	<u>8</u>
Sex <u>male</u>		Color or Race	<u>White</u>	Years	<u>63</u>
Occupation <u>Merchant</u>		Where Residing if not at place of death <u>Noni Somerset Co Md</u>		Months	
Married, Single or Widowed		Name of Wife or Husband <u>Leah Shores</u>			
Father's Name <u>Thomas Shores</u>		Father's Birthplace <u>Md</u>			
Mother's Maiden Name <u>Mary Webster</u>		Mother's Birthplace <u>Md</u>			
Name of person giving information <u>John T Shores</u>		How related to deceased <u>Brother</u>			

CAUSES OF DEATH

45

PHYSICIAN
OR CORONER

Primary	<u>Encephaloma - Pericranium</u>	How long	<u>1 year</u>
Immediate	<u>Fracture</u>	How long	<u>7 or 8 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>J. M. Smith</u>	
		Address <u>Salisbury Md</u>	
Accident or Suicide? <u>No</u>			

Carcinoma involved the pleura,
two ribs, & lungs on right side
of back.

Name
in
Full

No Name Stemmans

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Salisbury		County Wicomico		MARYLAND	
Date of death		1908	Month July	Day 12	Age —	Years —	Months —
Sex Boy		Color or Race Colored		Birth-place Salisbury		Days 1 Hour	
Occupation Not any		Where Residing if not at place of death Salisbury					
Married, Single or Widowed Single		Name of Wife or Husband Not any					
Father's Name Fred Stemmans		Father's Birthplace Md					
Mother's Maiden Name Virgie Spence		Mother's Birthplace Md					
Name of person giving In formation Maggie Doshell		How related to deceased Not any					

CAUSES OF DEATH

151

How long

PHYSICIAN
OR CORONER

Primary		How long	
Immediate Premature Birth		How long	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician C R Truitt M.D.	
		Address Salisbury Md	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Emory W Smith

Died at *1100 S Salisbury* Town *Wicomico* County

MARYLAND

Date of death *1908* Month *July* Day *14* Age *2* Years 8 Months *20* Days

Sex *male* Color or Race *white* Birth-place *Md*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name *Charles C Smith* ✓ Father's Birthplace *Md*

Mother's Maiden Name *Levernia Causey* Mother's Birthplace *Md*

Name of person giving information *William S Smith* How related to deceased *grandfather*

CAUSES OF DEATH

167

PHYSICIAN
OR CORONER

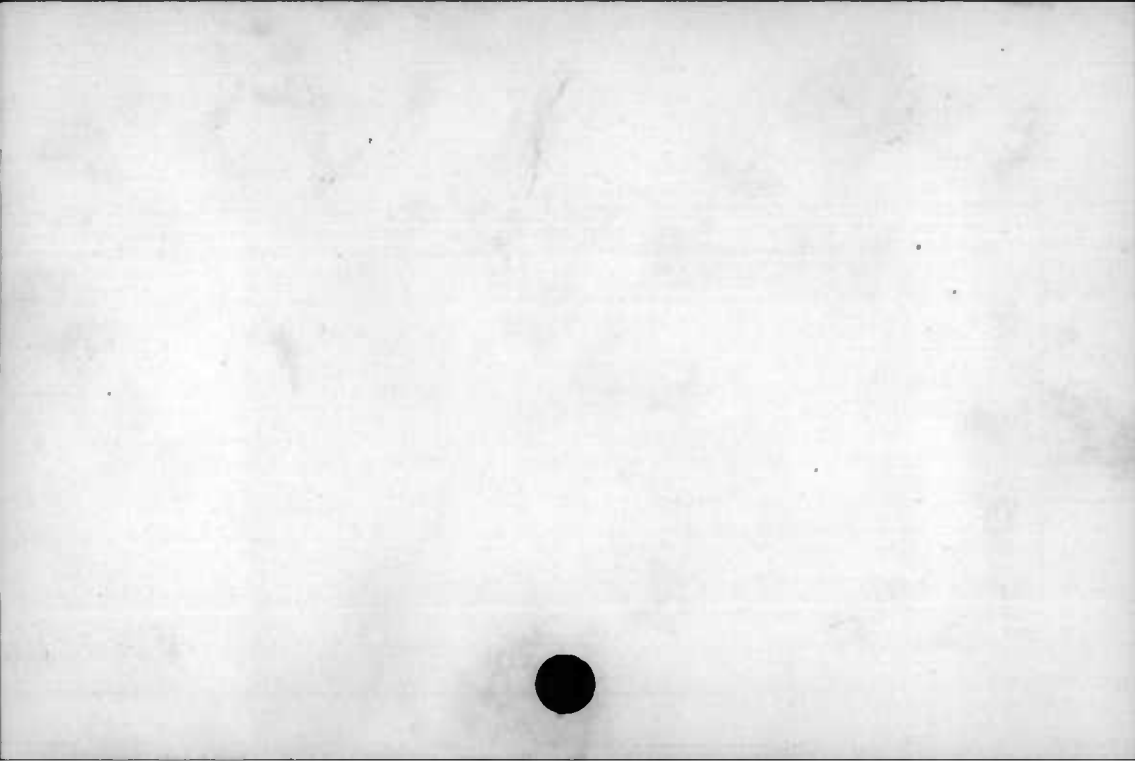
Primary *Scalded by boiling water* How long *28 hrs*

Immediate *Consumeing* How long *2 hours*

Are the name, age, sex, color, date and place correctly given above? *So far as I know* Signature of Physician *J McAdin*

Address *Salisbury, Md*

Accident or Suicide? *Accident*



Name
in
Full

William O Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Salisbury Town Wicomico County
 Date of death 1908 Month July Day 7 Age 1 Years Months 13 Days
 Sex male Color or Race white Birth-place Md
 Occupation _____ Where Residing if not at place of death _____

Married, Single ☒ or Widowed _____ Name of Wife or Husband _____

Father's Name William H Smith

Father's Birthplace Dal

Mother's Maiden Name Edith Hayman

Mother's Birthplace Md

Name of person giving Information William H Smith

How related to deceased Father

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary Gastro Enteric Intoxication (Bottle fever) How long 1 week

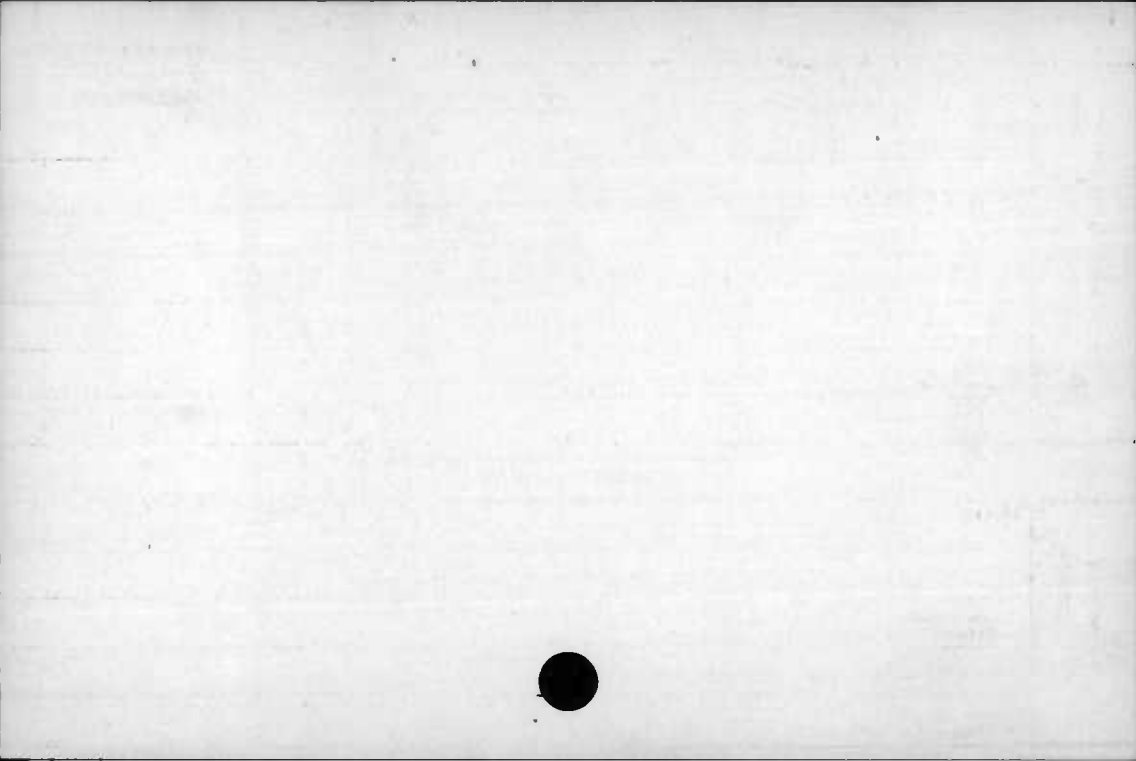
Immediate Cholera Infantum How long 1 week

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician O. B. Potter

Address Salisbury Md.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDName *Mary E Taylor*Died at *Salisbury* TownCounty *Wicomico*

MARYLAND

Date of death *1908* Month *July* Day *8*Age *77* Years*3* Months*26* DaysSex *Female*Color or Race *White*Birth-place *Md*Occupation *Housework*

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

*William Taylor*Father's Name *Samuel Moore*Father's Birthplace *Md*Mother's Maiden Name *Mary Bradley*Mother's Birthplace *Md*Name of person giving information *Marion Marick*How related to deceased *Grandson*

CAUSES OF DEATH

(27)PHYSICIAN
OR CORONERPrimary *Tuberculosis*How long *72 an*Immediate *Tuberculosis with Heart Complication*How long *about 7 mo*Are the name, age, sex, color, date and place correctly given above? *Yr*

Signature of Physician

Geo. W. Todd

Address

Salisbury Md

Accident or Suicide?



Name
in
Full

Elijah L. Toadvine

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Salisbury</i>		County <i>Wicomico</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>July</i>	Day <i>25th</i>	Years <i>46</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth place <i>Wicomico Co., Md.</i>		
Occupation <i>Farmer</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Daisy Toadvine</i>			
Father's Name <i>James Toadvine</i>			Father's Birthplace <i>Wicomico Co., Md.</i>		
Mother's Maiden Name <i>Rachel M^c Grath</i>			Mother's Birthplace " " "		
Name of person giving Information <i>Eva B. Toadvine</i>			How related to deceased <i>Daughter</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid fever</i>	How long <i>4 weeks (?)</i>
Immediate <i>Hemorrhage of bowels</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. E. D. in</i>
<i>As obtainable</i>	Address <i>Salisbury, Md.</i>
Accident or Suicide? <i>No</i>	

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000



Name
in
Full

CERTIFICATE OF DEATH

Wilson Irving Todd

TO BE ANSWERED BY
NEAREST FRIEND

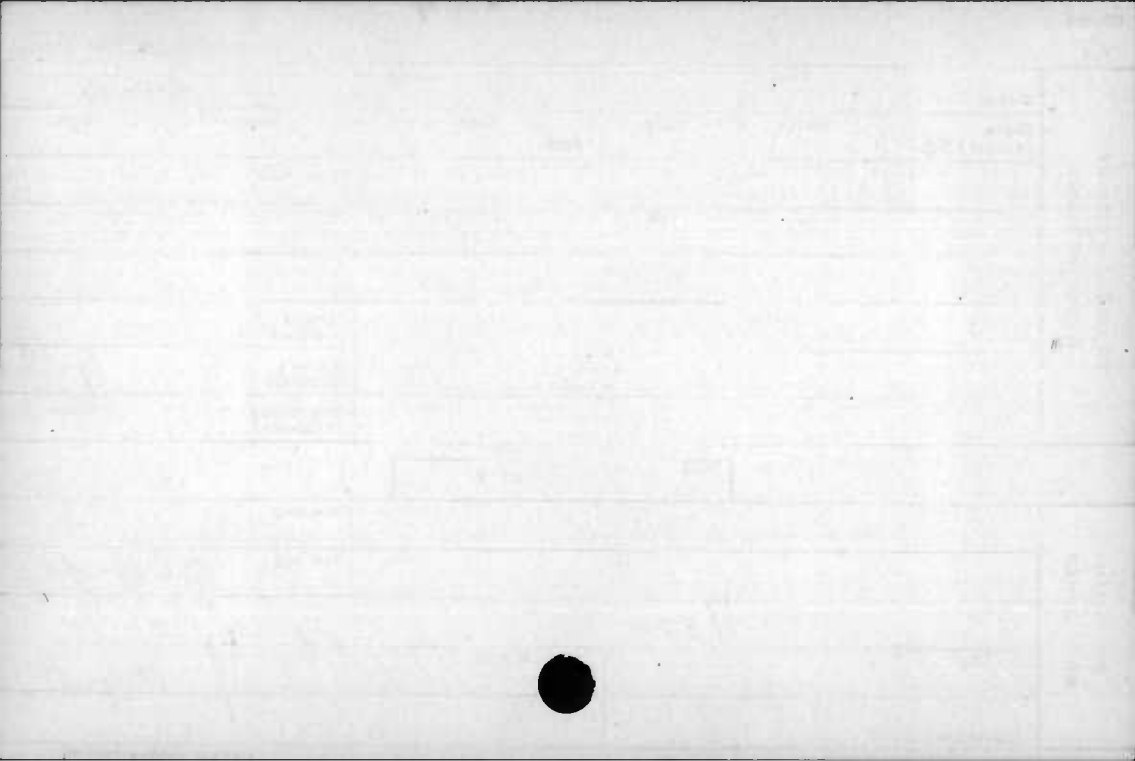
Died at <i>Salisbury</i> Town		<i>Wicomico</i> County		MARYLAND									
Date of death	1908	Month	<i>July</i>	Day	<i>7th</i>	Age	<i>76</i>	Years		Months	<i>9</i>	Days	<i>15</i>
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Salisbury Md.</i>						
Occupation	<i>Dealer in Lumber</i>					Where Residing if not at place of death							
Married, Single or Widowed	<i>Widower</i>		Name of Wife or Husband	<i>Julia Washield</i>									
Father's Name	<i>Geo. Todd</i>					Father's Birthplace	<i>Salisbury Md.</i>						
Mother's Maiden Name	<i>Stevenson</i>					Mother's Birthplace	<i>Snow Hill Md.</i>						
Name of person giving Information	<i>Geo. H. Todd</i>					How related to deceased	<i>Nephew</i>						

CAUSES OF DEATH

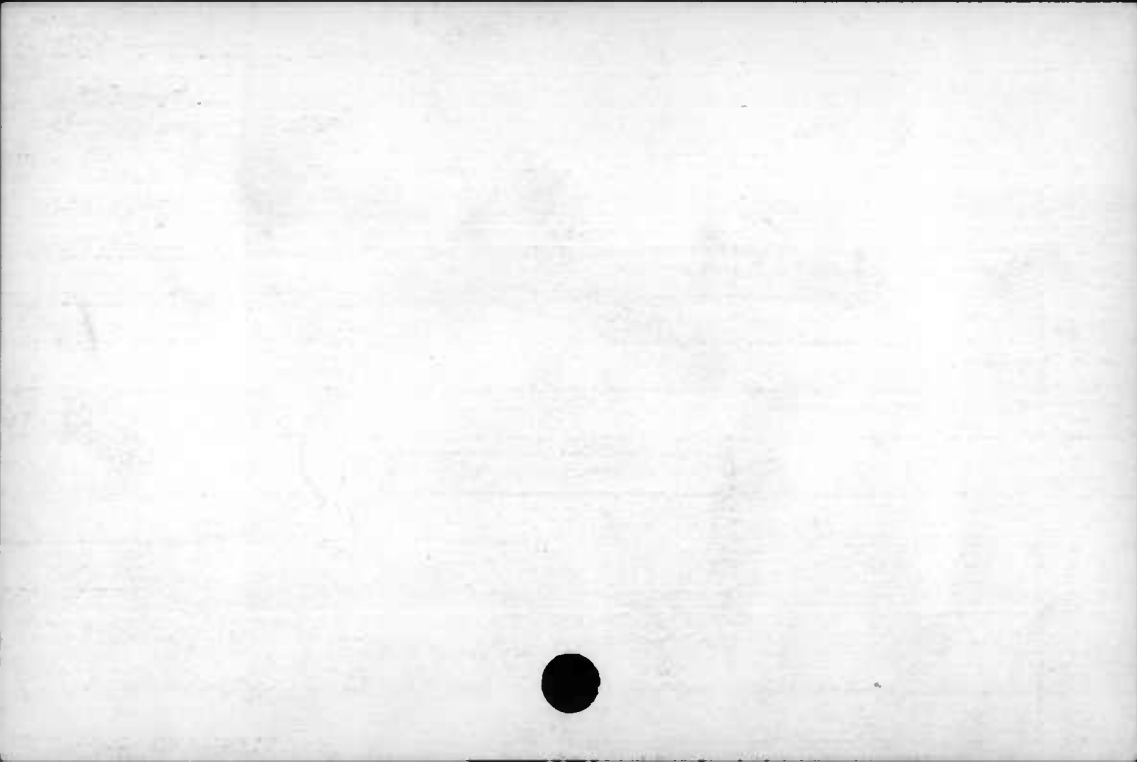
29

PHYSICIAN
OR CORONER

Primary	<i>Injury to Stomach</i>	How long	<i>Went thru</i>
Immediate	<i>Exhaustion</i>	How long	<i>Four months</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Geo. H. Todd</i>
		Address	<i>Salisbury Md</i>
Accident or Suicide?	<i>S</i>		



Name in Full Hildrey Waller		CERTIFICATE OF DEATH	
Died at Mardella Town		McComrie County	
Date of death 1908 Month 7 Day 28		Age 10 Years Months — Days —	
Sex Female Color or Race Col		Birth-place Mo	
Occupation —		Where Residing if not at place of death —	
Married, Single or Widowed Single		Name of Wife or Husband —	
Father's Name Chas. W. Waller		Father's Birthplace Mo	
Mother's Maiden Name Lora Daskreds		Mother's Birthplace Mo	
Name of person giving information J. L. Waller		How related to deceased Uncle	
CAUSES OF DEATH			
Primary Enteric Fever		How long 2 Weeks	
Immediate Peritonitis		How long 2 days	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician J. H. Eldridge	
		Address Mardella Springs Md	
Accident or Suicide? No			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDJames H. Waller
Died at near Shoptown ^{Town}Sussex ^{County}

MARYLAND

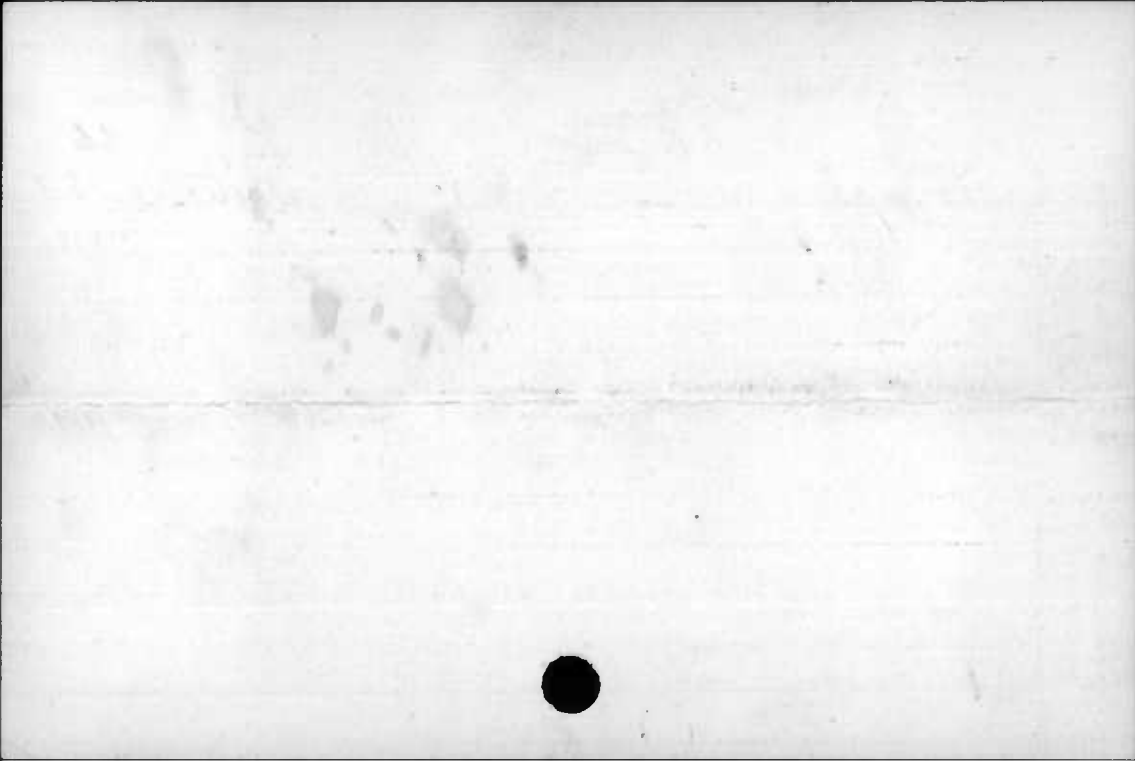
Date of death 1908 ^{Month} 7 ^{Day} 20 Age ^{Years} 71 ^{Months} ^{Days}Sex Male Color or Race White Birth-place DelOccupation Mechanic Where Residing if not at place of death —Married, Single or Widowed Married Name of Wife or Husband Mary W. WallerFather's Name Benj. Waller Father's Birthplace DelMother's Maiden Name Don't know Mother's Birthplace —Name of person giving information Benjamin W. Waller How related to deceased Son

CAUSES OF DEATH

PHYSICIAN
OR CORONERPrimary Paralysis How long 2 monthsImmediate Heart Failure How long 1 dayAre the name, age, sex, color, date and place correctly given above? Yes Signature of Physician N. H. CassawayAddress ShoptownAccident or Suicide? —



Name in Full		blarence Stalton				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Cotuit Town		Nec County		MARYLAND	
	Date of death	1908	7 Month	31 Day	Age	5 Months	Days
	Sex	Boy		Color or Race	Negro		Birth-place
	Occupation			Where Residing if not at place of death		Edue	
	Married, Single or Widowed			Name of Wife or Husband			
	Father's Name	Jas St Stalton		Father's Birthplace		Nec Co	
	Mother's Maiden Name	Stalton Lashie		Mother's Birthplace		Soc Co	
Name of person giving information	Jas St Stalton		How related to deceased		Father		
PHYSICIAN OR CORONER	Meningitis		CAUSES OF DEATH		(61)		
	Primary	Meningitis		How long		Two days	
	Immediate			How long			
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		
	Accident or Suicide?		9		Address		



Name
in
Full

CERTIFICATE OF DEATH

Iris J. White

TO BE ANSWERED BY
NEAREST FRIEND

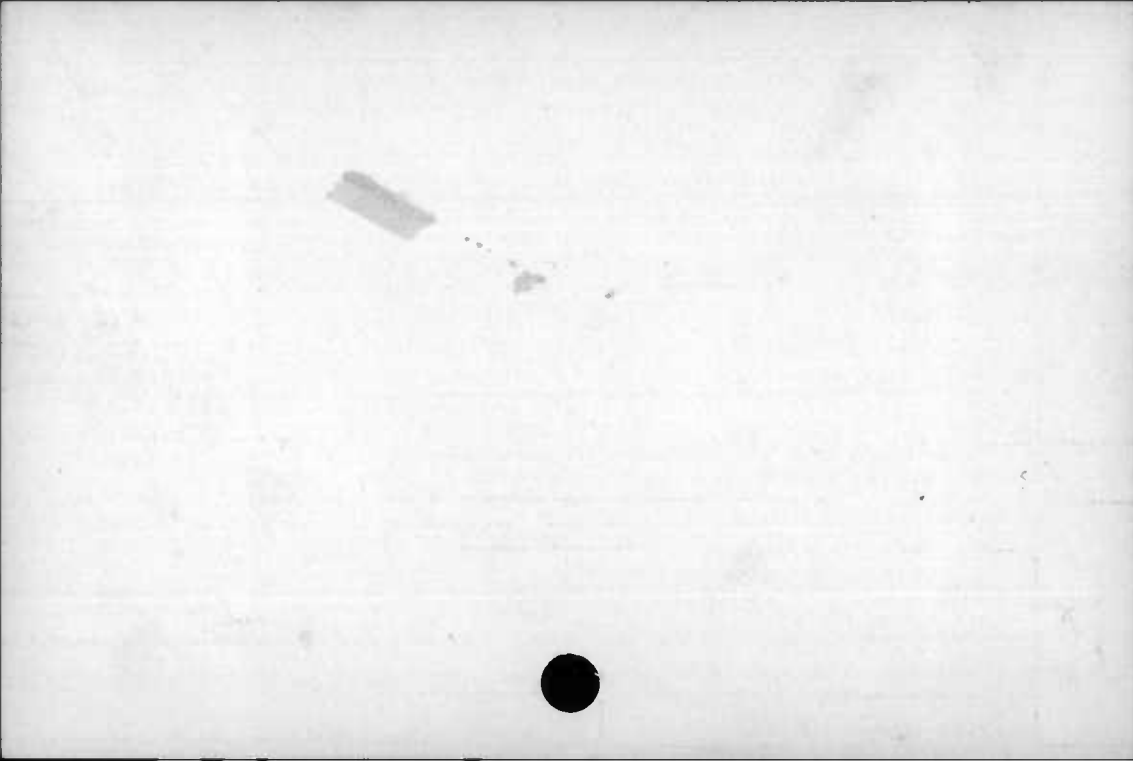
Died at <i>Salisbury</i> Town		<i>Wicomico</i> County		MARYLAND	
Date of death	<i>1908</i>	Month <i>July</i>	Day <i>6th</i>	Age	Years <i>7</i> Months <i>7</i> Days <i>26</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>White Haven Md.</i>		
Occupation <i>None</i>	Where Residing if not at place of death <i>White Haven</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>None</i>				
Father's Name <i>Heber White</i>	Father's Birthplace <i>Trask Md.</i>				
Mother's Maiden Name <i>Saura Waller</i>	Mother's Birthplace <i>Mt. Vernon</i>				
Name of person giving information <i>Lovie Waller</i>	How related to deceased <i>Grand Mother</i>				

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Gastro Intestic Intoxicacion</i>	How long <i>2 weeks</i>
Immediate <i>Cholera Infantum</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>D. B. Potter</i>
	Address <i>Salisbury Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Woodie White

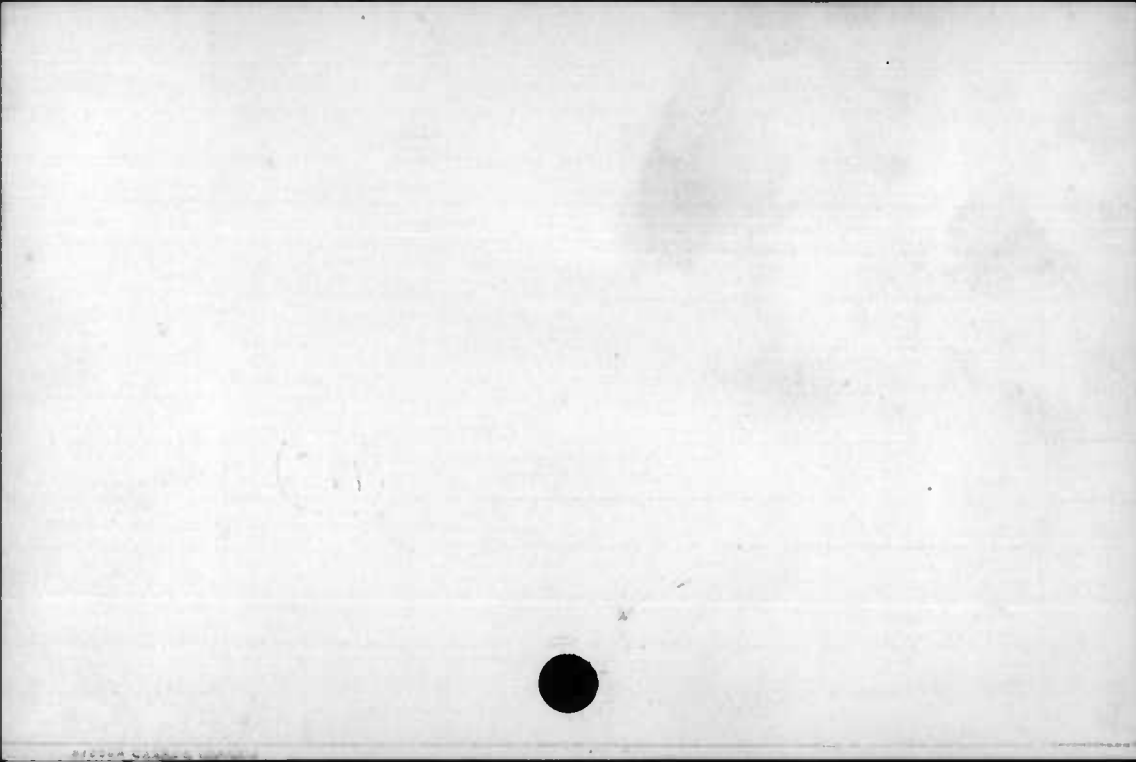
Died at <u>Salisbury</u> Town		<u>Wicomico</u> County		MARYLAND	
Date of death	<u>1908</u> Month <u>July</u> Day <u>16</u>	Age	<u>23</u> Years	Months	Days
Sex	<u>male</u>	Color or Race	<u>white</u>	Birth-place	<u> Md</u>
Occupation	<u>Carpenter</u>		Where Residing if not at place of death <u>Beonville City Md</u>		
Married, single or Widowed	Name of Wife or Husband		<u>Willie White</u>		
Father's Name	<u>Edward W White</u>		Father's Birthplace	<u>Md</u>	
Mother's Maiden Name	<u>Rebecca Pusey</u>		Mother's Birthplace	<u>Md</u>	
Name of person giving information	<u>Edward W White</u>		How related to deceased	<u>Father</u>	

CAUSES OF DEATH

118

PHYSICIAN
OR CORONER

Primary	<u>Appendicitis acute suppurative</u>	How long	<u>17 days</u>
Immediate	<u>General peritonitis</u>	How long	<u>3 days</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>I know</u>		<u>W. C. [Signature]</u>	
Address		<u>Salisbury Md</u>	
Accident or Suicide?		<u>no</u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Maggie M Wilkinson*

Town *Salisbury* County *Wicomico*

Died at *Salisbury*

Date of death *1908 July 17* Age *1* Months *1* Days *9*

Sex *Female* Color or Race *White* Birth-place *Md*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name *George T Wilkinson* Father's Birthplace *Md*

Mother's Maiden Name *Emma Jones* Mother's Birthplace *Md*

Name of person giving information *George T Wilkinson* How related to deceased *Brother*

CAUSES OF DEATH

6

PHYSICIAN
OR CORONER

Primary *measles (according to history)* How long *4 weeks ago*

Immediate *atelectasis* How long *2 days*

Are the name, age, sex, color, date and place correctly given above? *So far as I know*

Signature of Physician *[Signature]* Address *Salisbury Md.*

Accident or Suicide? *No*



Name
in
Full

Ella Lee Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Rockaway		County Wicomico		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1908		July	2nd	Age 26	11	21	
Sex		Color or Race		Birth-place			
Female		White		Rockaway			
Occupation				Where Residing if not at place of death			
Milliner							
Married, Single or Widowed		Name of Wife or Husband					
Single		None					
Father's Name				Father's Birthplace			
Alonzo L. Williams				Sussex Co., Del.			
Mother's Maiden Name				Mother's Birthplace			
Alice C. Evans				Kenticoke, Md.			
Name of person giving information				How related to deceased			
Alonzo L. Williams				Father			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary		How long	
Tubercular Pleurisy		Possibly one	
Immediate		How long	
Same		Year 1	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Harry C. Mee	
		Address	
		Pulasky Md	
Accident or Suicide?			
		- One	

Saw Care two days before death
Harry Tull

Name
In
Full

Rosa L Winder

CERTIFICATE OF DEATH

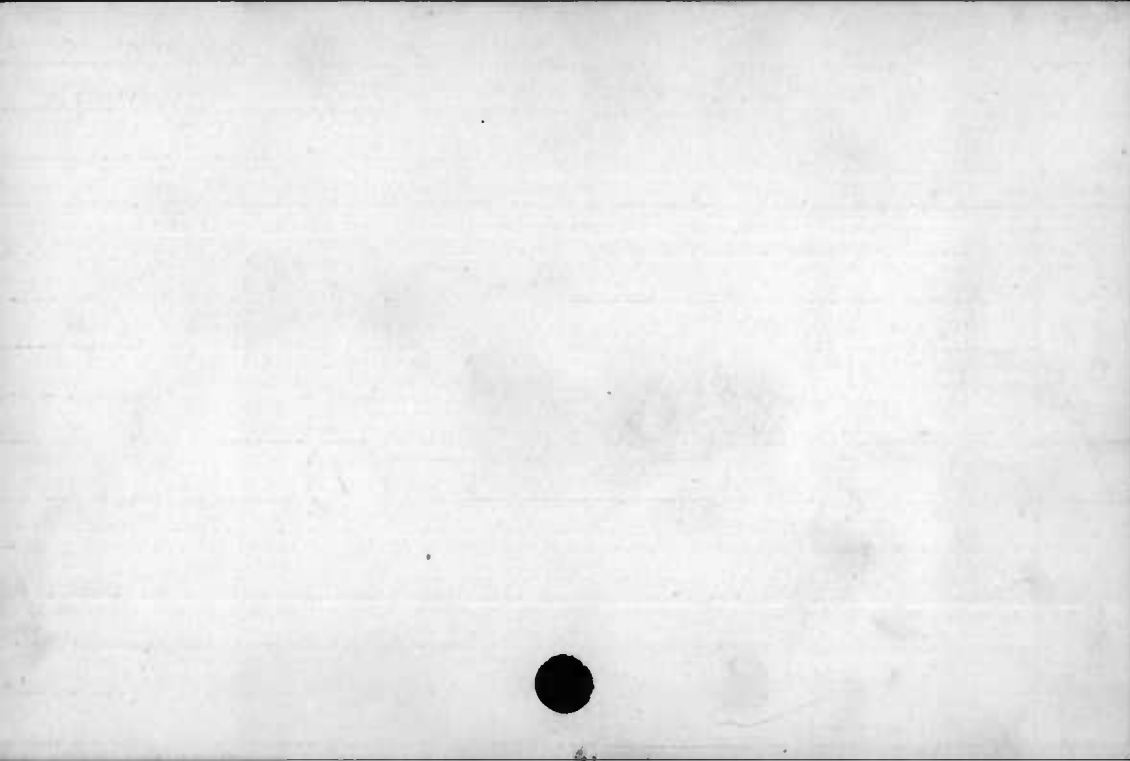
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Salisbury</u> <small>Town</small>		<u>Wicomico</u> <small>County</small>		MARYLAND	
Date of death	<u>1908</u> <small>Year</small>	<u>July</u> <small>Month</small>	<u>11</u> <small>Day</small>	Age <u>24</u> <small>Years</small>	<u>Months</u> <small>Months</small>
Sex <u>Female</u>	Color or Race <u>Black</u>	Birth-place <u>MD</u>			
Occupation <u>Housework</u>	Where Residing if not at place of death				
Married, Single or <u>Widowed</u>	Name of Wife <u>Arthur L Winder</u> <small>Husband</small>				
Father's Name <u>Joseph Critchett</u>	Father's Birthplace <u>MD</u>				
Mother's Maiden Name <u>Sarah E Handy</u>	Mother's Birthplace <u>MD</u>				
Name of person giving information <u>Arthur L Winder</u>	How related to deceased <u>Husband</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Influenza</u>	How long <u>5 weeks</u>
Immediate <u>Dysentery</u>	How long <u>few hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>[Signature]</u>
	Address <u>Salisbury, MD</u>
Accident or Suicide? <u>no</u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mary F. Wright</i>		Town <i>Shappton</i>		County <i>Wicomico</i>		MARYLAND	
Died at		Date of death		Age		Months	
		<i>1908 July 8</i>		<i>7 weeks</i>		<i>3</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Shappton</i>			
Occupation _____				Where Residing if not at place of death _____			
Married, Single or Widowed _____				Name of Wife or Husband _____			
Father's Name <i>Base-born</i>				Father's Birthplace _____			
Mother's Maiden Name <i>Elsie Wright</i>				Mother's Birthplace <i>Shappton</i>			
Name of person giving information <i>Martha B Wright</i>				How related to deceased <i>Grand Mother</i>			

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary	<i>acute Indigestion</i>	How long	<i>2 weeks</i>
Immediate	<i>Marasmius</i>	How long	<i>1 month</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>W. N. Cassaway</i>	
		Address <i>Shappton</i>	
Accident or Suicide? <i>9</i>			

